

**‘Here’s your baby, on you go’: Kinship and  
Expert Advice Amongst Mothers in Scotland**

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## **Declaration**

This thesis has been composed entirely by myself, Kelly L. Davis, PhD candidate in Social Anthropology. All work, unless otherwise specified, is entirely my own, and has not been submitted for any other degree or qualification.

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## Acknowledgements

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# Chapter 1.

## Introduction

*Oh, I kept to the routine, every night. I always put them to bed by 6, and there was none of this taking them out in cots [carry-cots] at night. They had their own cot in a separate room, and were laid flat on their backs, wrapped up in their blankets – you know, the right side, then the bottom up, and then the left side over and around – to keep them from getting cold or moving too much.*

Judith, 84, with three children born in 1946, 1949 and 1954.

*Well, she slept with us in our bed for the first week or so. Then we got her in a Moses basket, so she slept in that in the bed with us. Then, over the next few months, she just kind of moved to the floor beside the bed in her basket, and ended up in her cot in her room by the time she was about five months. It was easier for her to get to sleep if she was close to us, you know, sometimes she wanted to be held for a while.*

Laura, 34, with one child born in 2003.

This thesis is an examination of the process of learning to mother as experienced by women in Scotland between 1945 and 2004. The research involved interviews with mothers and their adult daughters – the latter also being mothers – as well as consulting archival sources and contemporary, professional advisory material available either to the mothers or to professionals who interacted with mothers.

A quick review of some of Britain's daily newspapers in the period January 2006 to September 2007 reveals how far the issue of childrearing informs a whole variety of topical discussions. Thus, editorials, articles on news and politics, and supplements on culture and health incorporate childrearing and parenting so that, despite the diversity of these articles, a common concern emerges.<sup>1</sup> Two articles can be discussed as representative of this type of media coverage. In one example, in 2006, *The Observer* published the views of Beverley Hughes, the Minister for Children and Families, and

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<sup>1</sup>This list of sections includes the newspapers *The Guardian*, *The Observer*, *The Independent*, *The Herald*, and *The Sunday Times*.

discussed the apparent loss of parents' confidence in their childrearing skills.<sup>2</sup> This article stressed in particular the contrast between the lack of confidence of the current generation of parents in raising their children as compared to previous generations.

A second type of article has captured the actual experiences of mothers. Thus, an article in *The Guardian* in 2007, in its Life and Health section, also focused on what appeared to be a 'seismic cultural shift' in the experience of motherhood, leading to inter-generational contrasts in the experience of childrearing. The author, a mother herself, described her surprise at finding out that 'new mothers are now getting just half the amount of sleep our own mothers got when we were babies', and pointed towards changing priorities and practices as the reasons behind such cultural changes.<sup>3</sup>

These articles help to illuminate some of the issues surrounding changes in childrearing, as well as views about the reasons behind these shifts. The deterioration of family ties and support, more women participating in the labour market, an increased professionalisation of parenting, and changing practices and attitudes were all identified as connected to these changes. Moreover, these changes were reflected in the range of articles covering both political and personal issues, illustrating that these concerns are not held by a small minority. Finally, all of these articles dealt more specifically with mothers rather than with fathers. While 'parents' are the focus of these and many other pieces of public literature on childrearing, it is still the mothers who are the primary care-givers for infants and young children in Britain, and who make the bulk of decisions about daily care for children.

Indeed, it is for this reason that my research focuses on the experiences of mothers, rather than parents, and my thesis incorporates many of the aforementioned

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<sup>2</sup>'Parents powerless to bring up their children', featured in *The Observer's* 'News' section, November, 2006.

<sup>3</sup>This calculation of how many hours of sleep mothers now get came from a survey commissioned by *Mother and Baby* magazine, and featured as the background for the article 'A Crying Shame' by Lucy Cavendish, featured in *The Guardian's* Life and Health section.

contemporary concerns relating to childrearing. More specifically, I address how kinship and expert advice affect the process by which women in Scotland learn to mother and make decisions pertaining to raising their children. Thus, throughout the chapters of this thesis, I explore the relationship between expert advice and women's experiences. By 'expert' I refer to those whose profession requires daily engagement with maternal and child health, such as paediatricians or health visitors, as well as those whose background of study legitimates a position of public authority on the subject of childrearing, one of the most well-known examples being Dr Benjamin Spock.

The kinship facet of my research partly derives from my interviewing mothers and their adult daughters, the latter also being mothers. Because past generations of parents are incorporated into the analysis, changes over a long period of time may be highlighted. How kinship and expert advice come together, or clash, in the process of women learning to mother is not only dependent on personal and familial attitudes and circumstances, but also on the social, cultural and political context in which the women became mothers. Those same contextual influences affecting women's experiences of mothering also affect the opinions and advice of health and child experts. The matrix formed by kinship, the professionals' advice, and Britain's social and political landscape – particularly the perceptions of women and how legislation shaped by these views in turn affected them – is integral to my thesis. An example of this interplay is how ideas about the 'right' way to raise children become entangled with notions about what is 'female' and what is 'maternal', and this will be discussed further in a separate section of this chapter.

Throughout this thesis, I include social policies and cultural changes relevant to the whole of Britain, but I concentrate my examination on mothers who gave birth to at least one child in Scotland and who resided in Scotland at the time of the research. In doing so, I aim to augment studies of continuity and change in kinship, specifically in the context of the anthropology of Britain and British social history. One of the most outstanding features about Scotland's demographic trends is that fertility and birth rates

indicate an overall decline in the rate of women becoming mothers, thus a continuing decline in family size (Anderson 1992).<sup>4</sup> Although demographic historians have engaged with the raw data, few studies of the experiential side of motherhood exist. By looking at experiences of mothering within the context of broader social change, it is hoped to secure a better understanding of this aspect of motherhood.

This introduction outlines and explores many of the issues and concepts connected to my examination of motherhood. First, I describe the specifics of my research and fieldwork, focusing on who I spoke to, my interests, and some concerns and issues about my methodology. Secondly, I will locate my research temporally in a review of some of Scotland's social and political trends over the last 60 years that were influential in the shaping of motherhood and women's expectations as mothers. I will also briefly describe the historical professionalisation of public health, with particular emphasis on maternity and child welfare and childrearing advice. Finally, I examine literature relevant to the theoretical themes of gender, motherhood, and kinship. In particular, I discuss those studies focusing on Euro-American ideas about women and family in order to situate and tease apart many of the conceptualisations and idioms employed by my interviewees.

## **I. Detailing the Research**

The best way to introduce my informants is to say that they are women who wanted to talk about motherhood. This might seem an overly-obvious statement to make, but it is more relevant than one might think. In the early stages of my project, when I knew I wanted to interview mother-daughter pairs that lived somewhere within the greater Edinburgh and Glasgow area, research planning issues centred around how I was going

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<sup>4</sup> By the use of the term 'overall fertility', I am referring to the numbers averaged from each decade, which evens out the 'baby booms' after both World Wars. Such demographic changes and transitions are discussed in Anderson's (1992) exploration of family life and fertility in Scotland.

to 'find' my informants. 'Finding' informants can sound unproblematic before the recruiting process begins, especially when you are in a country where you mostly speak the language, partially understand the communication and transport systems, and thankfully own an amazingly detailed map. Perhaps unsurprisingly, making 'mother-daughter pairs' materialise for my purposes turned out to be not so straightforward. However, I did not consider dropping the methodological choice of mother-daughter pairs. This choice stemmed more from a theoretical hope and ambition rather than practical reasons, as was I extremely interested in how childrearing involved more than one generation. Had I interviewed unrelated individuals, it is probable that the research would represent a more diverse range of ages and socio-economic circumstances, but would have lost the emphasis on kinship. I wanted to explore not only how the grandmother directly participated in her daughter's decisions about practices, but also how the younger mother-older mother relationship reflected the changing dynamics inherent when a woman began her childbearing.

My first plan of action was to use the National Childbirth Trust (NCT) as my 'gateway', and I duly wrote the formal letters explaining my research and my aims. I was told that, as I wanted to talk to women after they had become mothers, my best chances of finding informants would be through their post-natal classes. As instructed, I wrote a letter again briefly detailing my research aims, what I wanted from participants, and how to contact me if they were interested. Multiple copies of this letter were sent with self-addressed and stamped envelopes to the NCT in Edinburgh, and teachers were to raise the issue at the end of post-natal group meetings. I will never know how much charisma and oratory skills were put into 'selling' my research, but there were only a couple of 'buyers'. The realisation that this gateway was never going to yield many informants led to a change in tactics. I distributed fliers and letters about my research to city libraries and crèche groups as well as posting them on the walls of the university. A month or two into the fieldwork, with still only about eight mother-daughter pairs lined up, I resorted to posting a notice of my research in the women's toilets at the restaurant I have worked in while being a postgraduate student.

My quest to find women to interview threw up two issues. One is that, although about half of my informants were ultimately brought into the research by the ‘snowballing’ technique of depending on participants already involved, the women who did contact me on their own volition wanted to talk about motherhood. The fliers and letters were worded vaguely – both for the sake of brevity and because of my hesitancy to adopt too formal an interviewing style – stating that participants would be asked to discuss various aspects of being a mother and motherhood, that either their mother or daughter should also agree to participate, and that they should expect the interviews to span several hours. Thus, the women who participated in my research found the idea of speaking about motherhood at length an attractive proposition.

The second point of my ‘finding’ story is that the reason my informants wanted to delve into all manner of issues pertaining to their experiences of mothering may be related to the places I found them. My thesis does not address Scottish motherhood across different classes, ethnicities, or religions; all of my interviewees were British and white, over three-quarters were middle-class, the majority were well-educated, and only two discussed their commitment to a religion, that being Protestant Christianity. These characteristics of those I interviewed are likely to be partially dependent on the fact that I worked at locating them through middle-class, educational and predominantly white channels. The university, the libraries, the crèches and the restaurant were located in middle-class and even upper-middle-class areas, and introduced my research to women who had a reason, time, or inclination to be in these places. It was these women who responded to my request for narrations of motherhood, and who possessed the time and motivation to do so.

In all, I interviewed 31 women. There were sixteen mother-daughter pairs, with one younger interviewee’s mother not being able to participate due to failing health. I first interviewed each woman separately, as I did not want the other’s presence to inhibit any of the stories, anecdotes, or opinions during the conversation. Originally, I intended to

conduct a second interview with each pair together, in order to make more evident how they influenced each other's memories and recollections, as well as to examine any discrepancies in the telling of stories between the one to one and the three person interviews. However, due to time constraints, I chose to omit the final interviews with both mother and daughter because it would have taken the fieldwork too far beyond my schedule. Also, to have both mother and daughter present during the interviewing process would add an extra dimension of construction and interpretation in the creation of dialogue between myself and the informant. I was aware that I might be losing an important dimension of understanding the interplay of memory and practice between kin, but I also felt that postponing this for future exploration was more respectful of these interviewees than rushing through a second set of interviews.

Because I too am a white, middle-class, well-educated woman, there were enough similarities that, in most cases, a shared 'background' meant there was some sense of a common ground. I did have a series of topics, concepts, and issues that I wanted to address within each interview, but how and when these arose was dependent upon each woman, and I attempted to let the conversation flow according to the interviewee's interests. Throughout the interviewing process, my status as a non-mother informed the creation of narratives in a variety of ways. For the younger mothers, I felt that there was a level of shared meanings relating to our lives, socially and politically, so that they often seemed quite happy to inform me of 'things to come' in my own life. I was perhaps familiar enough that I could be considered similar to a co-worker, a neighbour, or an acquaintance, being kept 'in the loop' as a peer. For the older women I imagine I was often viewed as the young, naïve but curious researcher who needed to be told about 'the way things were'. Both the fact that I was not already a mother and that I was American often encouraged longer, more detailed explanations of the processes of the health system, the development of babies and children, and the avenues of support to which they as mothers would turn. Yet there was one factor that helped to make up for my lack of experience – I was asking questions about topics that most non-mothers would not broach. This went a long way in levelling the experiential ground, for as I



discuss in Chapter Eight, talking about mothering and children can be an exercise of kinship, not often discussed with relative strangers and non-mothers.

The shape women's narratives took the concerns that dominated their stories or 'markers' they used to contextualise the events being discussed, varied immensely. One of the main reasons for this is the vast difference in age amongst my interviewees. The oldest mother, Judith, was 84 years old at the time of the interview.<sup>5</sup> Her first child was born in 1946, not long after she left her war-time job as a volunteer children's nurse. At the other end of the spectrum was 23 year old Grace, who was on maternity leave from her part-time position. In the overall distribution, there were more mothers in their 20s and 30s than any other age group. For the purposes of this research, however, I have grouped the informants into three cohorts, based on the years in which they gave birth. The children of the immediate post-war cohort were born between the years 1945 and 1960. Those interviewees whose children were born from 1961-1980 became the middle cohort. Finally, the women whose children were born most recently, from 1990-2004, comprise the third or youngest cohort.

These divisions are a heuristic device to aid my exploration of changes occurring in childrearing practices, and to illuminate the differences in the conceptualisations and language used by women in the three cohorts. It could be argued that not using the cohort distinctions to structure this thesis might have led to a greater emphasis on the exploration of the mother-daughter relationship. However, I suggest the historical approach is one of the strongest points of this research, for it allows the conventions of motherhood to be more readily connected to the social and political landscapes. Dividing my interviewees into cohorts renders the changes experienced in different time periods more easily distinguishable and therefore more open to comparison.

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<sup>5</sup> In keeping with ethnographic writing and the ethics of anthropology, all of the names of my informants have been changed. Additionally, some details including age may have been altered in order to preserve anonymity.

Finally, my decision not to focus on fathers in this research is in part practical, as I did not have the time or resources to interview fathers in depth. Theoretically, bringing fathers into the research would have jeopardised the other comparative axes of cohorts, mother and daughters, lay and expert views and narrative and textual analysis. Thus, due to constraints of time, space and my own organisational limits, bringing the contrast of fathers' experiences into the thesis would have proved too challenging analytically, although it is a direction for future research. I have included fathers in my examination when the mothers discussed them in our conversations.

### **On conversations and writing**

The women's narratives spoke of motherhood as being an amalgamation of experiences and bits of knowledge gathered from family, friends and society, subsequently requiring a re-shaping of this information to fit into their lives and circumstances. Because of this cumulative process, I also wanted to let individual voices shine through in order to contextualise and personalise their experiences. Thus, throughout this thesis, I use the words of my interviewees often as a way to give space to the personalising of motherhood. Beyond placing excerpts of their narratives in the body of the chapters, the reader will frequently encounter singular words and phrases in quotation marks within my discussions so that their voices and perspectives may better connect to the analysis. This liberal use of words of others is also a strategy on my part to fill in the gap created by my 'non-traditional' fieldwork. Burawoy notes the advantages of participant observation, also known as the art of ethnography, as lying in the researcher's involvement in the acts of others, and in experiencing those acts (1991: 2). I see intensive interviewing as one way of being involved in someone else's acts, a way to experience them through the construction of a narrative.

Another aspect of my rationale for focussing on my interviewees' words is the importance of long narratives in the voicing of personal indignation regarding their experiences within their family, the medical community, or the wider society. My

informants' stories, although told only once over a period of some few hours, became a platform for the articulation of how the personal becomes political. For instance, it cannot be taken for granted that a woman can simply overnight alter her daily rhythms and patterns of existence from going to work and socialising to 'measuring' her day in feedings, nap times, baths, and nappy changes. Yet, many women felt this alteration of space and time was something expected of them as primary carers, and that they were expected to be immediately happy and content with this change. I further explore the transformations of the self and the everyday in Chapter Eight, but my point here is that the narratives of many women contained what Kleinman has referred to as 'a subtle moral commentary and indirect social censure of the hegemonic social order' (1988: 143).<sup>6</sup> While Kleinman was analysing narratives of those suffering from chronic pain, his point aptly describes the situation of the mothers who considered their reactions and feelings during the early period of becoming a mother as at odds with what was expected of them. Allowing the women to discuss topics in almost any order and follow a line of thought without an interruption or attempted re-direction from me aided this commentary.

The open format of the conversations with mothers also meant that my subsequent reading and analysis of their stories had to become flexible. My initial readings of the transcripts involved a lot of marking and tagging of themes that had emerged as important over the course of my fieldwork. From these themes arose the chapters laid out in this thesis. However, I must make it explicit that the formation of these chapters was not straightforward. Often my searches of the transcripts in order to find thoughts, examples and opinions about certain notions meant marking and linking bits of conversation from various parts of the interview. I later realised that this was what Reissman referred to as 'participants ... resisting our efforts to control meaning' (1993: 21). This realisation on my part helped to illuminate further several relevant points

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<sup>6</sup> Riessman also remarks about the process of politicisation in narratives, stating, 'when a teller draws in a listener to a past time or 'world' and recapitulates what happened, it is to make a point, often a moral one ... respondents narrativise particular experiences in their lives, often when there has been a break down between the ideal and real, self and society ...' (1993: 3).

about my fieldwork: the arbitrary nature of my division of the material into chapters, my participation and agency in the construction of the narratives and the meanings subsequently attributed to them, and above all else, the difficulty of anyone separating their life into discrete compartments.

### **Recalling the past in interviews**

There is a wealth of studies that examine the issue of temporality in narratives (see, for instance, Ricoeur 1988; Ochs 1996 and Tonkin 1992), including factors in the creation of meaning (Bruner 1990), discrepancies between expectations and experiences (Burke 1962) and the importance of temporality in the narrator's point of view and construction of plot (Goffman 1974; Ricoeur 1988). Although I do not aim to add to the anthropological discussion on the relationship between memory, experience and narration, there are a few points of interest related to my research and methodology. Going into the interviews, I did attempt to compartmentalise topics and issues, largely due to the range of events, attitudes, and experiences I wanted to discuss. All of my conversations with the mothers depended on the women recalling events that took place in the past, whether the experiences happened several days before, or in some cases, fifty-odd years ago. The reliance on memory in order to retell the events and feelings related to care-giving and childrearing highlights the issue of memory as it arose in my research. Boyarin challenges received notions of time and space relating to embodied memory, and states:

Memory is neither something pre-existent and dormant in the past nor a projection from the present, but a potential for creative collaboration between present consciousness and the experience or expression of the past ... so too memory is not only constantly disintegrating and disappearing but constantly being created and elaborated (1994: 22).

There has been considerable time for the disintegration, recreation, and elaboration of memories, particularly for the women in the first and second cohorts, whose children were born between the years of 1945 and 1980. One result of this is that, in some

circumstances, a romanticisation of some period or process might have occurred during the interview. The affective bonds forged through a woman's identity as a mother can smooth the edges of the frustrations experienced prior to the retelling of such events. This effect is more likely to occur when the narrative was focused on the daily work of care-giving; as memories are reconstituted and reviewed through time, the exact process and method a mother used to get her baby to sleep through the night might not register as emotionally important as it once did. The affective ties born out of the caring interactions between mother and child are likely to override the more negative emotions.

Another way that the memories may have been reconstituted over time is related to knowledge and information gained since the women participated in the daily care. As the majority of women I interviewed were aware of many changes in the childcare field, it is impossible to say whether or not this awareness influenced the mothers' retold memories. Robinson, in his essay on remembering and meaning, argues that how we remember our past intentions and feelings depend on 'the fit between our current view of things and the perspective that directed the encoding of that experience in memory' (1996: 203). This could be compounded with a vagueness about what was thought, felt, and experienced in the past. An example of this was the language used when several of the women in the first cohort spoke about habit training. When I asked 74 year old Donna, how she remembered toilet training, she replied at first that she could not quite remember, but that she was 'probably quite keen'. Leaving aside the valuation aspect of her remark, which is addressed in Chapter Four, her use of 'probably' is a surmising of not only what she thinks her attitude was, but also the typical expectations at the time she was raising her children. She continued by saying that she did 'take the lead from the child, it's the child that changes'. I am not suggesting that it was impossible for her to have had this approach to toilet training almost fifty years ago, but it is possible that, because she was aware that it is now widely advised to wait until a child shows signs of readiness for toilet training, she recalled herself addressing training with that knowledge intact. Even for the women who spoke about (very recent) events during the months leading up to the interview, any discussions with family and friends or absorption of

current opinions from literature could become part of the ‘elaboration’ of memories and views.

### **Using text**

Throughout this thesis, I analyse literature pertaining to childrearing in order to examine the tensions between the professional views and the women’s narratives. Corresponding to the cohorts into which I have divided my informants, I have split the historical, social and political elements of my research into the same three time periods, the years corresponding to those of the cohorts. This assists in highlighting the successive phases and changes of views and opinions in science, medicine and politics which correspond to the interview material. The materials I used in this analysis fall into two main kinds. First is the literature that was authored by professionals involved in some manner with maternal and child health, such as health visitors or paediatricians, and which was circulated amongst other professionals, usually in the form of journal articles or instructional textbooks. For example, the majority of professional journal articles I use in the first two time periods come from *Mother and Child*, the organ of the National Baby Welfare Council. Another source of ‘professional’ literature is government-related materials. These consisted of such documents as Parliamentary Papers and government-issued reports on issues such as citizenship training, public health, and the services provided by health care workers. It is worth noting here that, throughout the chapters of this thesis, the most recent time period of 1990-2004 contains fewer references to professionally-circulated literature. At the time of my actual fieldwork, carried out from 2002-2004, the professionally-circulated material from approximately the last six or seven years was normally not yet available in the archives. To use a large amount of the professionally-published literature from only the first half of this time period would then distort the evaluation of the entire period.

The second kind of professional materials are childrearing manuals whose intended audience was parents and written by experts in the field of child health or development,

ranging from paediatrics to social psychologists. Experts such as Dr Benjamin Spock and Dr Penelope Leach are familiar figures in this field. I also consulted pamphlets issued by organisations such as the Scottish Health Education Department, NCT and the British Medical Association intended for public consumption. My aim in analysing these texts is two-fold: to tease out from the language underlying assumptions and opinions about women, mothers, and children, and to see just what was fashionable and being imparted to women whilst raising their children. Exploring the childrearing literature also helps to understand how wider cultural, social and political ideas about the family and women shaped the interviewees' lives via this advice.

## **II. Social and Political Landscapes**

Many of the major changes in twentieth-century Scotland reflect the wider transformation of the economic and social structure of Britain. At the same time, 'the precise trajectory and impact of these changes was often different when expressed in the particular context of the Scottish experience' (Dickson and Treble 1992:1). Given the fact that the country has often lived in the shadow of its southern neighbour, focusing specifically on a 'precise trajectory' of Scotland has proved difficult. Indeed, my efforts to source historical material specific to Scotland were frequently frustrated. Thus, the following discussion includes both Britain as a united country and information particularly pertaining to Scotland. As I am not presenting an exhaustive social and economic historical critique, I aim merely to provide a selective overview of the social and political trends as a means of contextualising my interviewees' experiences.

### **The immediate post-war years, 1945-1960**

At the end of the war, families which had been separated by the evacuation of children and men enlisted in the services had to readjust to marriage and parenthood. The difficulty of reuniting was evidenced by the rise in the divorce rate in 1945, which was five times higher than in 1939, and reached its peak in 1947 (Bruley 1999: 129). Family life in Scotland was similarly affected, with divorce rates rising from under 10,000 per year in 1940 to slightly over 20,000 per year in 1950 (Anderson 1992: 39). However, these figures were accompanied by an increase in the number of marriages, and the immediate post-war years also saw a fall in the age of marriage compared to the early twentieth century (Anderson 1992: 38). For instance, the Census of Scotland noted that, while in 1931, 53.9 per cent of the female population between the ages of 25-30 were single, by 1951, only 31.1 percent of this same group remained single (1951: 11).

Both the decline in family size and the clustering of children into the early years of marriage are said to characterise the family life cycle in the twentieth century (Anderson 1994:76). The impact of this decline in family size can be seen in the discourse on policy issues. For example, during the late 1930s and the early 1940s the encouragement to produce more children became an important platform for the campaign for family allowances (Macinol 1980:75). The concern over the birth rate was temporarily assuaged when a surge in the birth rate between the years of 1947-1949 occurred, due in part to the reunion of many couples, but numbers began to fall off again by 1950. According to the 1951 Census of Scotland, one result of this post-war 'baby boom' meant a very marked increase in the number of children aged approximately four years old in that year. This factor was evidently important enough to be remarked upon in the Census, and such an increase in young children would have contributed to the raised awareness and concern over family life and childrearing.

In the immediate post-war years, the participation of married women and mothers in the labour market was a contentious and much-debated issue. The war effort was



characterised by an increase in the number of married women who participated in some manner in the labour market, and this trend continued, albeit in a gradual fashion, in the immediate post-war period. In 1951, 23.4 per cent of all women employed in Scotland were married, as compared to only 8.5 per cent in 1931 (McIvor 1992:142). It is important to note, however, that the vast majority of women in paid employment were in part-time positions; indeed, 93 per cent of all part-time workers in Scotland in 1951 were women (ibid: 164). The significance of this figure to childrearing in the immediate post-war years stems from the fact that married women, if not already mothers, were considered as *potential* mothers. Stable families were ‘considered crucial to post-war reconstruction’, and women were primarily expected to leave their wartime work and return to the home in order to ensure that stability (Newburn 1992:163).

The Beveridge Report, published in 1942, and which continued to influence social security and national insurance legislation in the following years, reflected the assumptions and effects of this desire for women to return to the home. According to its recommendations, married women were only allowed to collect social security through their husbands, reinforcing the idea of their dependent position in marriage and their place within the home (Bruley 1999: 130).

### **The ‘permissive years’, 1961-1979**

In this second period of the 1960s and 1970s, the demographic history of Britain displayed a number of features relating to the family. Marriage rates increased. In 1971 the proportion of Scottish women who had ever married at ages 20-24 was the highest ever recorded (Anderson 1996: 383). Therefore, there were more potential mothers at a younger age during this period. Moreover, the timing of the first birth was reducing, and on average, women were only waiting 20 months after marriage before beginning their families (ibid: 387). Thus, women in Britain were first giving birth at the average age of 23 (CRFR 2006: 1), and as more young women were getting married than in previous

decades, many of whom were becoming mothers soon after marriage, the fertility rate in Scotland reached its peak in 1964 at 3.09 (CRFR 2007: 1).

This peak in fertility and trend of young marriage followed rapidly by childbearing did not continue throughout the whole of this period but did contribute to changes in the labour market. Women finished their childrearing much earlier than in previous decades, and thus more wives and mothers were able to participate in the labour market. The participation rate of all women in the labour market increased from 32.6 per cent in 1951 to 39.7 per cent in 1971, with another approximate two per cent increase by the end of the 1970s (McIvor 1992: 139). Moreover, as the number of all women in employment increased, so too did the participation rate of married women, rising from 23.4 per cent in 1951 to 57.8 per cent in 1971 (McIvor 1992: 142).

Meanwhile, there were several legislative reforms that helped to separate sex from the institution of marriage, the first being the NHS (Family Planning) Act 1967. This Act increased the availability of free contraception and family planning advice. Moreover, in contrast to the Beveridge Report, this Act significantly made no reference to marital status. However, the impact of this change in social policy was not felt immediately across all of the UK. In fact, with the pill first introduced in Britain in 1961, it was a full decade before many of Scotland's local authorities had full, free family planning services (Leathard 1980: 159).

A second development was the legalisation of abortion under defined conditions, largely a consequence of the high numbers of illegal and physically risky abortions. In reality, the aim of the Abortion Act 1967 was more to regain medical control over abortion than it was to allow abortions on 'demand', and the Act required two registered medical practitioners to agree that the continued pregnancy would be detrimental to either the mother or child (Charles 2000: 159-160). It has also been pointed out, however, that the attitude of the Scottish medical community to abortion in the 1960s could be characterised as 'one of reluctant medicalisation', and that the impetus for

medicalisation came not from doctors but from the State (Davis and Davidson 2006: 48). Nonetheless, the measure was a step forward in the process of women gaining more control over their fertility.

As public morality gave way to more individual choice, evidence suggests that there was a greater chance of children not living in a 'nuclear' family. Divorce and unmarried motherhood meant more women becoming 'lone parents'. The Divorce (Scotland) Act 1976 helped to move Scotland towards a no-fault approach to divorce, creating a single ground for dissolution, the irretrievable breakdown of marriage. However, the rapid rise in divorces in Scotland began in the mid-1960s, before the 1976 Act, a reflection of changing perspectives towards unsatisfactory marital conditions and towards men and women's roles within work and family life (Anderson 1992: 38).

Women's position in relation to family and work was a more contested ground where lone mothers were concerned. Although in 1969, 55 per cent of extra-marital conceptions in Britain were legitimised by marriage, another 32 per cent resulted in 'illegitimate' births (Lewis 2001: 436). Yet it seems single mothers were not encouraged to be primary earners and Britain could still be characterised as perpetuating a 'male bread-winner model' of family economy (Lewis 1992b: 162). This was evidenced by the number of lone mothers in paid employment. In the period 1977-1979, 52 per cent of married women were working either part-time or full-time, while only 47 per cent of single mothers were in any kind of paid employment (Wasoff and Dey 2000: 114). Furthermore, in localities where women were regarded primarily and predominantly as mothers instead of workers, there were lower levels of employment among lone mothers, revealing the persistence of the view of women as primarily fulfilling a maternal role.

However, in opposition to this view, many women wanted to be accorded equal status in the labour market, as evidenced by the activities of the Women's Liberation Movement and of 'second-wave' feminism. As a result of these movements, at least in part,

numerous legislative changes improving women's position as workers were implemented in Britain between 1970 and 1977. The Equal Pay Act of 1970 called for equal pay for the same or similar work, and the Sex Discrimination Act of 1975 made it illegal for a woman to be treated 'less favourably than a man on the ground of her sex in areas of public provisions and goods' (Bruley 1999: 158). Just as important as these policies was the Employment Protection Act of 1975 which gave women workers the right to six weeks paid maternity leave and an extended leave of 29 weeks. While these legislative advances did not necessarily mean any instant change – for even in 1981, women's average earnings in Scotland had only reached 60-62 per cent of male average earnings (McIvor 1992: 143) – they did indicate the changing context for women's experience as mothers and workers.

### **The recent years, 1990-2004**

By the most recent period, the demographic structure most closely associated with the 'modern family' had stabilised. First, the age of marriage had risen markedly in Scotland since the 1980s. In 1981, the average age at marriage for men was 27.6 and for women it was 25.3. By 2004, the ages rose to 34.8 and 32.3 respectively, and while these statistics take into account remarriages and cohabitation, they demonstrate the rising age of marriage in Scotland (CRFR 2004: 2). In terms of rates of marriage, of adults aged between 16-24, only 5 per cent were married according to the Scottish Household Survey (SHS), but with all age groups taken into account, 57 per cent of the Scottish population was married (1999:20). These rates differed little from the rest of the UK, and in 1992, Britain had one of the lowest marriage rates, but the highest rates of divorce in the European Union (McRae 1997: 387). According to the SHS results for 1999, 5 per cent of the population was divorced (1999:19).

These numbers demonstrate the trend towards later marriages and delayed childrearing, and in 2005, Scotland's fertility rate was only 1.62 children (CRFR 2007: 1). According to fertility research in Scotland, women with no qualifications were more likely to have

larger families – about one third (33 %) having three or more children, compared with nearer one in ten (11%) of those with degrees (CRFR 2006: 2). Comparing the fertility of women obtaining different levels of qualifications is necessary to understand delayed childbearing, for the women in this study with higher qualifications (Highers and above or with degrees) started their families later, with age at first birth peaking in the late twenties and early thirties (ibid: 3).

The fact that in the most recent period more women have acquired university qualifications and delayed their family formation has impacted on women's participation in the labour market. In Scotland in 1999, 62 per cent of all women of working age (16-59) were in paid employment, and 44 per cent of women of working age had dependent children (SHS 1999: 80). How having dependent children affects the position of mothers as workers can be seen in the fluctuation in the level of women's employment during the typical childbearing years. In 1999, the percentage of women in full-time employment fell from 44 per cent to 36 per cent between the ages of 25-34 and 35-44, while those in part-time employment rose from about 18 per cent in both age groups to 22 per cent and 33 per cent, respectively (ibid: 81). More mothers were combining paid employment with their childrearing work, and this resulted in more women reducing their hours of employment, in many cases probably in order to care for the children.

### **III. The State, Professionals, and Childcare**

Changes to the demographic structure of the family in Britain throughout the twentieth century have at various times elicited alarm in relation to the stability of the family, nation and childrearing. Population concerns at the beginning of the twentieth century influenced the way in which Britain's public, academic, and medical discourses conceptualised notions about the family and women's place within the family. In Britain, such anxieties were linked to the trend in the upper classes towards a smaller

family size and the nation's position as a world power, particularly in the views of supporters of eugenics (Macinol 1980: 77-80). Moreover, these anxieties shaped the emerging activities involved in the professionalisation of public health. Hooper, in her examination of the link between the treatment of child sexual abuse and the regulation of women in Britain, succinctly summarises the connection between population anxieties and the welfare developments at the turn of the century:

Anxieties about the falling birth rate, high infant mortality, the poverty uncovered by Booth and Rowntree and the poor physical condition of recruits to the Boer War combined in a rising fear that the nation's health was degenerating. This fear continued and increased during the [First World] war as deaths at the front increased, and the birth rate continued to fall. In response, childhood, motherhood and sex were all accorded new meanings ... Motherhood became defined as crucial to child health (1992: 59-60).

There were several ways in which the 'new meanings' allocated to motherhood, childhood, and sex materialised in state social policies, in the professionalisation of health care, and, specifically, in maternal and child health provisions.

It can be argued that the increasing intervention and legislation of the state aided the 'professionalisation' of health care and the expansion of public welfare. State provision through public health and hygiene acts and regulations energised the growing cohesion of social health coverage during the century leading up to the establishment of the National Health Service in 1948. Through the 'mechanisms of the poor law, public health, education, and health insurance, the central and local government between them provided and financed an ever-increasing range of health services' (Webster 1998:2). The increased provision of health services was often informed by advances in the medical and biological sciences, which were also becoming more formally codified, structured and organised. During the late nineteenth and early twentieth centuries, medical discoveries and achievements that made possible improvements in health strengthened the authority of scientific institutions and their approaches. The increased focus on public welfare gave rise to specific ideas about standardised health, with a particular emphasis on maternity and child welfare. The unacceptably high infant mortality and physical deterioration at the turn of the century were attributed to

ignorance on the part of mothers, increasing the drive for preventative measures that would educate working-class mothers and especially any mother deemed as 'feckless' (Hooper 1992: 60).

Many of the new provisions for public health focused on children – the future of the nation. The poor health amongst recruits of the Boer War and the high infant mortality rate contributed to the expansion of the infant and child welfare movement which had begun at the end of the nineteenth century (McCleary 1935: 4). This commitment to preventative measures was reflected in the dispensing of sterilised milk to mothers, the establishment of infant welfare centres throughout Britain and the development of the school medical service in 1907 (Ham 1992: 9).

In order to enforce more stringent supervision of mothers and children, legislation was aimed at health service providers in order to formalise and regulate their practitioners. One of the most important results of this growing coordination was the Midwives (Scotland) Act of 1915 which required the registration of midwives and the creation of a Central Midwives Board for Scotland with powers of control and training. Thereafter, in line with the recommendations of the Department of Health for Scotland's (DHS) Report on the Scottish Health Services, better known as the Cathcart Report, a comprehensive maternity service was established prior to the outbreak of the Second World War.

Over the same period, the dramatic reduction of infectious diseases affecting much of the population, such as tuberculosis, and childhood killers such as whooping cough and scarlet fever, became milestones of progress (Lowe 1991: 164). This progress legitimated the authority of health practitioners, allowing them to exert more control over the actions of mothers. For instance, mothers were instructed to breastfeed in order to curb threats to infants such as diarrhoea and diphtheria, a directive which would endure throughout the twentieth century for different reasons (McCleary 1935: 6). Similarly, developing alongside methods that improved the surveillance of public health

was the idea of the ‘normal’ healthy child (Armstrong 1983), and the ‘feckless’ mother who endangered him/her.

During and immediately after the Second World War, there were several additions to the growing body of professionals involved in maternal and child health. One such organisation was the National Baby Welfare Council (NBWC) which aimed to prevent maternal and infant ill-health through the dissemination of information. Another step in the process towards a national health policy was the National Health (Scotland) Act 1947, which promised a free maternity service to the women and children of Britain, prescribed the duties of health visitors for the first time, and made the treatment of all school children the responsibility of a family doctor (Lowe 1993: 163). The need to educate mothers coupled with the intensive study of child health meant that new studies of developmental paediatrics increased surveillance of mothers in Britain as well as paving the way for those with legitimated expertise to become increasingly influential in child health and childrearing.

### **The growth of psychology and expertise in childrearing**

One focus of enquiry in this thesis is the increasing scrutiny of how women mothered their children and the incorporation of childrearing within the discourses of medicine and psychology. At the end of the Second World War there was a period of public anxiety over the breakdown of traditional structures and a focus on the need to ‘rebuild’ the family which gave emphasis to the issue of ‘adequate mothering’ and its duties and responsibilities.<sup>7</sup> This emphasis on the home and family laid particular stress not only upon the physical health of children, but also on their successful socialisation – one of the main reasons for the controversy surrounding ‘working mothers’ after the Second World War. Thus, psychology was incorporated into medical discourses in order to

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<sup>7</sup> Much of the anxiety surrounding the rebuilding of the family came from the social dislocation of many children from their families and the extreme poverty in the inner city slums revealed by the bombings (Lewis 1992: 1-5).



address the mental and emotional well-being of children, which a mother was meant to ensure.

In the early twentieth century, the field of psychology underwent organisational and definitional changes. Psychology's relatively quick rise in authority and inclusion in popular rhetoric partially stems from its lack of a commercial past – it was 'born' a science (Ehrenreich and English 1979: 180). Behaviourism, established by Dr John B. Watson, became the main theoretical stance in psychology in the 1930s and 1940s, and family life and childrearing quickly became its territory. According to behaviourists, childrearing was supposed to be geared towards 'programming' the child to fit into the adult world. The ideal mother did not give in to irrational, emotional elements, but searched out the 'science' of childrearing (ibid: 183).<sup>8</sup>

After the atrocities of war there was an increased unease over the early life of children, and a flood of literature on the family concentrated on the newly-grasped psychological importance of the mother-child relationship. Much of this shift in psychology's focus, from the 'programming' of children to the mother-child dyad, can be attributed to John Bowlby, a British psychoanalyst. Bowlby's main interest was in child development and he was the driving force behind the view that the adequacy of mothering was the primary variable in a child's healthy development. The centrality of the mother-child relationship was the foundation of Bowlby's 'attachment theory', in which the effects of a child's separation from its mother (or mother substitute) were seen as detrimental (Ehrenreich and English 1979: 206). Bowlby's findings were used to support the view that anything less than the full-time provision of maternal care and attention could result in numerous negative consequences for a child's well-being.

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<sup>8</sup> See for instance Watson's (1927) *Psychological Care of Infant and Child*, in which Pavlovian techniques were suggested so that a mother would reward good behaviour and punish bad behaviour. This is opposed to the more currently popular 'positive reinforcement', approved of and used by many of my interviewees, in which good behaviour is rewarded, and bad behaviour is ignored.

Childrearing as an increasingly professionalised area gave morality-based notions about motherhood a medical validation. Indeed, many moral judgements were reworked into the medical discourse of science (Hooper 1992: 64). Delinquency and criminal behaviour were increasingly cast in a psychological light, since both were seen as consequences of inadequate maternal care and attention, and medicine became the overseeing authority (see, for example, Bowlby 1946, 1951). Psychology's dominant position in childrearing was strengthened during the 1960s and 70s, and it became evident from much of the professional literature that the construction of motherhood was increasingly defined in relation to their children's psychological and emotional needs.<sup>9</sup> From the 1970s onwards, parenting and mothering became a more obviously self-conscious, intellectual endeavour.

Each generation has its own child care trends and fashions, as well as its own experts writing to advise mothers of the proper way to rear their children. During the Second World War and immediately after, my interviewees might have turned to Truby King's dictums on the four-hourly feeding schedule, tightly bound babies, and rigorous fresh air. Or, if the strict schedules did not suit them, they might turn to Dr Benjamin Spock, who began publishing his advice in 1946, offering a relatively less rigid, more 'intuitive' form of childcare. In fact, Dr Spock continued to be influential in the 1960s and 1970s, along with Dr Penelope Leach. Leach advocated a very developmentally-aware approach to childrearing and encouraged parents to see things from their child's perspective. By the 1990s and 2000s the field of experts had opened up considerably, allowing many vantage points on childcare. Spock revised and updated his tome, *Baby and Child Care*, but continued to tell parents that they should trust their instincts. At the other end of the spectrum, Gina Ford revitalised the use of strict regimes of care with a book detailing a suggested schedule for mothers in fifteen minute intervals. The proliferation of expert literature and childcare manuals was a direct result of this

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<sup>9</sup> Although Jean Piaget, a Swiss developmental psychologist, published works on children's development of cognition, judgement, and intelligence beginning in the mid to late-1920s, and the developmental psychologist Erik Erikson published his *Childhood and Society* in 1950, the majority of childrearing literature did not concentrate on 'developmental stages' until the mid-1960s.

professionalisation process, and throughout this thesis, the reader will become more familiar with these and other expectations and assumptions of childrearing authorities about how women can best mother their child.

Notions among the experts as to the ‘best’ or ‘right’ way to raise children changed substantially during the years covered in this thesis, and these changes were reflected in many of my informants’ narratives about familial relationships and decision-making about childcare. As my research concentrated on mother-daughter pairs in which both women were already mothers, their stories about motherhood ranged from the years immediately after the end of the Second World War through to the early 2000s. As one moves from the immediate post-war years through to 2004 – the last year any of my informants gave birth – it becomes obvious that aspects of childrearing, such as the desired behaviour of children, the means by which to achieve this behaviour, and the desired mother-child relationship, were subject to quite prominent shifts. Not only were the women attempting to negotiate their way through the professional discourses of childrearing, but they were also attempting to reconcile their experiences with those of their mothers, mothers-in-law, and aunts; experiences which often differed from their own.

Because of these often conflicting and competing discourses that involved both professional and familial opinions as to what constituted proper mothering, becoming a mother was often expressed as something stressful in a wide variety of ways. During the interviews, numerous topics and issues were discussed, from the menial tasks of every day care to the personal existential and metaphysical questions about the nature of family, life and love. Yet nearly every chapter demonstrates the women's ambivalence, either implicitly or explicitly, as a part of the experience of becoming a mother and motherhood. This ambivalence can be at least partially explained by the women's expectations about what a mother *should* do, think, and feel. Emerging frequently from both professional opinions and the narratives were conceptualisations about a woman's propensity and predisposition to nurture children. Indeed, it was the insidious notions

about women *naturally* mothering that intrigued me early on in my studies of anthropology, and particularly the assumptions about women ‘*knowing*’ how to be the primary caregiver to a completely dependent being, which prompted this research. Thus, in this thesis, I seek to understand the emotionally fraught, mentally demanding and relationally complicated process by which women learn to mother.

#### **IV. Gender, Motherhood and Kinship**

Much research on motherhood and mothering has been conducted over the past twenty-odd years. Contributions by feminist theorists, primarily based on a sociological or psychoanalytical framework, make up the bulk of the earlier studies (Chodorow 1978; Oakley 1979, 1980; Ruddick 1980; Rich 1986). While these studies did much to reintroduce motherhood and mothering as a topic worthy of scrutiny, concentrating on the ways in which female reproduction remains ideologically and instrumentally under male control seems limiting. Similarly, the psychoanalytic focus on gender differences as originating in pre-Oedipal complexes does not pay enough attention to the historical, socio-economic, cultural or familial specifics of women. Two studies on motherhood by Katherine Arnup (1994) and Vivien Devlin (1995) elegantly focus on the historical element, giving primacy to women’s experiences, but lack much critical engagement with social science. Sharon Hays (1996) focuses on the contradictions between an ideology of ‘intensive mothering’ in opposition to the public sphere dominated by capitalism and paid employment in America. Her work illuminates the myriad ways these demands compete, but does not bring an anthropological lens to motherhood. Finally, in anthropology, there is a body of research on the reproductive processes, the social construction of many ‘ailments’ associated with reproductive health, and how women experience their interactions with the medical community (Lindenbaum and Lock 1993; Martin 1997; Lock and Kaufert 1998). More specifically related to my research is Vanessa Maher’s *The Anthropology of Breast-feeding* (1992), which

addresses the social constructions surrounding the ‘naturalness’ of breastfeeding and the practice’s relationship to gender, power and culture.

My thesis focuses on the stories narrated by my interviewees, and these stories revealed that ideas about what being a mother meant, and how to care for the child, were bound up with notions about which qualities a mother should possess and how a mother should feel and act. The narratives also contained various ways of conceptualising kinship and relatedness. How a mother related to her child, past familial interactions, and which ‘background’ was contained within different childrearing practices can be seen to impact on the woman’s process of care-giving. In this theoretical discussion, I examine briefly some of the literature on gender that looks at the historical and constructive processes between women and medicine, the state and notions of kinship.

Gendered assumptions shaped both the mothers’ experiences and much of the expert opinions. Using Schneider’s study of American kinship (1980) and his critique of Euro-American kinship studies (1984), Yanagisako and Collier assert that gender and kinship cannot be treated as separate analytic categories, for they are both based on the same premise of biological reproduction (1987). My research supports this claim as it was difficult to ignore the constant conflation of the fact of women’s biological reproduction and the framing of women as the natural carers of children. For analytic purposes here, I separate the discussion on gender and motherhood from kinship, but their connections will be made explicit.

### **Historically situating sex roles and moralities**

The notion of women as natural care givers is an implicit or outright assumption in many of the professionally-circulated materials and parent-directed childrearing manuals. Many of my interviewees also conceptualised mothering as something they should be able to do ‘naturally’. Permeating many of the narratives of mothers were notions about ‘maternal instinct’, about instant love and innate knowledge of their children. Some

childrearing methods, such as breastfeeding, were considered to be more natural than others; for most women and professionals, this placed such methods in a position of superiority. In European thought, 'nature' is often placed in opposition to an organised, culture-laden society, and envisioning 'nature' as the genetrix of all that is not man-made, constructed and controlled is an image that is historically grounded (see MacCormack and Strathern 1980; Ortner 1974).

During the eighteenth and nineteenth centuries in Europe, the language of science was increasingly the language of medicine, and this language constituted sex roles in the natural sciences based on biology. Jordanova points out that the distinction between women as 'natural' and men as 'cultural' 'appeals to a set of ideas about the biological foundations of womanhood', and the deployment of such symbols and metaphors was embedded in contemporary national and social discourses about the family and the corresponding roles of men and women (1980: 43). Sets of oppositions, such as female/male, nature/culture, body/mind, and emotion/reason, gained much of their purchase during the eighteenth and nineteenth centuries. The way 'natural' differences became both the foundation for a medical physiological gaze and the basis of moral prescriptions is the focus of Ludmilla Jordanova's discussion of the history of the 'natural facts' (1980). Science and medicine played an important role in the proliferation of ideas about femininity, and it was particularly 'in the association of women with their capacity to give life that they were seen as active. That activity had a moral nature' (ibid: 58). The persistence of such gendered roles within medical discourse is an issue I will return to shortly.

Jordanova illustrates a very important point about the dichotomies used in many discussions about gender: not only are they specific to historical constructions in the West, but these oppositional characteristics underpin many of the perspectives of science and medicine, as well as state discourse. Women, viewed as the moral gatekeepers because of their status as mothers, emerged historically out of these ideas about sex roles, for as Davidoff et al pointedly state, 'family and gender are inseparable' (1999:

11). In the conceptualisation of the family as a site of ideal and natural morality, mothers become the core figure of this morality. Davidoff et al suggest that the 'natural morality' supposedly possessed by mothers stems from the assumption that as mothers, women have no contaminated outside interests (ibid: 57).

My research carries this notion further, examining how the assumption that mothers' interests are not contaminated by greed, is based on the premise that women are naturally nurturing.<sup>10</sup> Gender ideologies are located in much of the assumptions of medical and social experts about the nature of women as mothers. For instance, in 1952, a female paediatrician and member of the Royal College of Surgeons stated:

There are certain basic characteristics of motherhood in the individual. After all, it is the biological destiny of the female – physically she is designed for the reproduction of her species, the bearing and nurture of the young creature (Hemingway-Rees: 219).

Woman's ability to bear life, the active morality encapsulated in this event, and the assumption that women are more emotional than rational all contributes to this assumed quality of nurturing.<sup>11</sup>

Morality, particularly a morality of nurturing, constantly shaped interviewees' ideas about motherhood, and it was a recurring sentiment in their narratives. When 76 year old Donna emphasised that becoming a mother finally made her feel feminine, 'like a proper woman', she explicitly linked 'being maternal' as a constituent part of being a woman. Indeed, one rather surprising contribution of my research to concepts of motherhood is that, despite changes in women's participation in the labour market and

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<sup>10</sup> Ragoné illustrates how in surrogate mother programmes in the US, women receiving public assistance may not become surrogate mothers as dictated by extra-program guidelines. This is, in part, to avoid any suggestion that the women are motivated solely by financial gain. This measure and the guideline stipulating that couples should pay the surrogate monthly fees during pregnancy rather than a lump sum after the birth of the child are aimed at preventing the image of a woman essentially 'selling a child' or a couple 'paying for a product, a baby' (1994: 16-17).

<sup>11</sup>The Euro-American view of emotion as more natural, and hence less cultural, than thought is part of Lutz's (1986) article 'Emotion, Thought, and Estrangement: Emotion as a Cultural Category'. In her argument, emotion is likened to the unconscious, the subjective, the expressive, and is antithetical to reason and rationality. The notion of mothers as nurturing *because* of being female is thus part of this same matrix of oppositions.

increasingly egalitarian marriages in the West, the persistence of equating motherhood with a desirable femininity, at least amongst the middle-class women of my research, plays a part in their decision to be the primary care-giver in the early years.

### **Gender ideologies in nation-making and state policy**

Prescriptions of how women should be the primary care-giver of children as well as their moral guardian and mentor, form part of state ideology about women and the unity of a nation through social solidarity. Women as mothers are frequently collectivised, in opposition to non-mothers, fathers, or paid workers, often as a move to emphasise their status as 'reproducers of the nation'. Carol Delaney suggests in her ethnography of Turkey that the concept of the nation-state is itself gendered and therefore 'that gender inequality vis-à-vis the nation is not an accidental feature but is inherent in the notion of the nation as it has been historically conceived in the West' (1995: 178). She identifies the language surrounding the creation and existence of nations that recalls reproductive language, such as 'birth of nation' or a 'nation reborn'. Delaney's study reveals that the founder of the Turkish Republic believed that woman's highest calling was that of motherhood (189). Yet, full citizenship can only be claimed if the father is Turkish, so that women are expected to be the ones socialising the future citizens but cannot bestow that citizenship and its inclusive rights, benefits, and access to resources.<sup>12</sup>

As in Turkey, motherhood in Britain has historically been considered women's highest calling, without granting equal rights and benefits to them (Ehrenreich and English 1979; Glenn et al 1994; Summerfield 1984). Women as mothers have been expected to prepare Britain's future generations of proper citizens through childrearing, and this activity of being a 'proper' mother in turn helps to define women as proper citizens.

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<sup>12</sup> Ortner argues that women's reproductive abilities and the practice of women providing the bulk of care for children form the basis for female subordination and domination (1974). This subordination contributes to the association of women with 'natural' and 'bodily' functions. She also suggests that the domination of women and unequal treatment between women and men in the West (and arguably, universally) stems from women being seen as 'something intermediate between culture and nature, lower on the scale of transcendence than man' (1974: 76).



This is something explored throughout several chapters of this thesis in the contexts of habit training, discipline and mothers in the labour market.

Parallels can be drawn between Turkey and Britain, particularly in the tension between women on the one hand being assigned a position of dependency, both within the state and the family, but on the other being viewed as the primary socialising force for children. The Beveridge Report of 1942 provides evidence of that asymmetry, in which pro-natalist sentiments mandated that women should be dependent on their husbands for social security. Further examples of gender ideologies in British social policies can be taken from the labour market. In the immediate post-war years, regulations employed marriage bars and institutional resistance to classifying any war-time jobs taken by women as women's work reinforced existing gender ideology. More recently, there is the continuing issue of unequal pay between men and women.

The gender ideologies that relied on sex roles, in which women were to focus on the home and childrearing, were apparently accepted quite readily by middle-class women in Britain (Bruley 1999; Davidoff et al 1999). Indeed, as the vast majority of my interviewees were middle-class, I was told many times by women who had their children between the 1940s and 70s that both they and their husbands did not believe in mothers working outside the home, or that it simply was not done. How a mother attenuates her sense of self to childrearing can affect her confidence in her choices and decisions. The internalisation of and struggle against a primarily maternal identity seemed to be particularly acute among the mainly middle-class women in my research, and is addressed in the last two Chapters of this thesis. It has also been noted that middle-class women were the main audience for the childrearing manuals (Hardyment 1983), as they participated in and relied upon the medico-scientific model of health more than working-class mothers (ibid; Kohler-Riessman 1983; Yuval Davis 1997).

## Gender, sex roles, and reproductive medicine

The ‘scientification of daily life’ in general is something anthropologists and social commentators have discussed (Elwert 1995; Haraway 1997). Twentieth century women have experienced increasingly medicalised strategies in the appropriation of their bodies, most often in connection with their reproductive health. I cannot attempt within this space a full or lengthy discussion of this process, but the main points I wish to make are: sexist discourses still exist in Western medicine today; it is middle-class women who most participate in this interactive process; and gender ideologies supported by medicine become internalised and used by women themselves. Emily Martin’s work (1987, 1991) is exemplary in unpacking the ways gender roles are embedded in medical language and perceptions and how middle-class women are most susceptible to this discourse.<sup>13</sup> Martin’s ethnography of women’s interactions with and responses to medicine as a cultural system asserts that a woman’s class, background and race ‘profoundly affect’ the kinds of birthing experience they will have as well as their receptivity to medicine’s definitions and explanations (1987: 148). Indeed, Martin describes how questions to middle-class women about menstruation, conception, and menopause elicited answers based on the medical version of events, with little deviation (ibid: 104-105).

I, too, found that the narratives produced by predominantly middle-class, white women frequently mirrored the opinions and attitudes of professionals. For instance, in the immediate post-war cohort, the only woman who continued with paid employment was the only self-categorised working-class mother in that group. That her family needed her second income in order to ‘make ends meet’ in her eyes excused her from engaging with the expectations and edicts for mothers that her middle-class contemporaries

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<sup>13</sup> Catherine Kohler-Riessman also notes the significance of class in the medicalisation process: ‘the medicalisation of certain problems was rooted in specific class interests. Physicians and women from the dominant class joined together – albeit out of very different motives – to redefine certain human events into medical categories. Women from other class groups at times embraced and at other times resisted these class-based definitions of experience’ (1983: 5).

supported. It was also the middle-class mothers who fully championed breastfeeding, often mimicking the language and rationale of the experts.

The sets of oppositions and dichotomies Jordanova discussed continue to pervade the language of medicine, and thus, the perceptions of women. Martin's (1991) examination of the language used in science and medical textbooks demonstrates how women are still portrayed as the passive element in conception, 'a dormant bride awaiting her mate's magic kiss' (32). This construction of the female egg as a wife-to-be reinforces both women's assumed position within the family, and her submissive, dependent disposition. My point here is that if this was the medico-scientific description of fertilisation as late as 1990, when it appeared on the cover of a medical journal, then how can the materials and professionals my interviewees encountered be considered free of gender ideologies? In fact, women's internalisation of feminine values becomes quite evident in reproductive matters and issues of motherhood.

In Ginsburg's (1987, 1990) research on the abortion debate in America in the 1980s, one of the most striking findings was that women on both sides of the issue ascribed women's moral authority to nurturance, thus making nurturance the quintessential definition of being a woman. 'The location of and responsibility for nurturance' was women's role in biological reproduction (1987: 6). For the right-to-life supporters, abortion is contrasted to pregnancy, birth and motherhood, so that women who choose to terminate a pregnancy are not conceptualised as 'only misguided or immoral; they are not properly female'. Therefore, we see appropriate females as nurturing, loving caregivers. Yet, women who are pro-choice also see women's reproductive abilities as situating them within the definition of nurturers, but nurturance is also viewed as a culturally assigned attribute that puts women at a disadvantage politically, economically, and socially (1990: 627). Whether or not abortion was acceptable seemed to rest on approving the disruption of the 'pregnancy-birth-maternity' associational chain, in which the outcome of unconditional, self-sacrificing love would be denied.

How nurturance is conceived by both sides of the abortion debate in the US demonstrates just how deeply the association of women as mothers, and mothers as nurturing, is embedded in many women's psyches. For many of my informants, ideas about being a mother, particularly in relation to how they should care for their child, was bound up with notions about qualities a mother should possess and how a mother should act and feel. The concept of a 'maternal instinct' was popular, albeit with varying definitions, so that many of my interviewees viewed mothering as something they *should* or could do 'naturally'. Although for analytical purposes I have separated my overview of gender and kinship literature, they are interdependent because of their grounding in ideas of biology, reproduction and difference, so it is to the relationship between kinship and motherhood that we now turn.

### **Kinship matters**

Here I focus on the theoretical trends within the anthropological study of kinship that impact upon my work and that help to frame the sentiments that emerged from the women's stories and which shaped their experiences. These are particularly those studies that illuminate how and why people conceptualise being related, what being related means in the context of the everyday and the emotional work that goes into familial relationships, together with those studies that have helped redefine motherhood. My data and research can be taken as Euro-American within this literature, encompassing developments of and research into American kinship in addition to British kinship because there are many overarching similarities that resonate with my material.

The reader of this thesis might wonder why I have not focused more on comparative examples across other cultures in order to highlight the particularities and culturally specific understandings of my informants. I have drawn attention to other possibilities regarding ways of conceptualising relatedness and family when it seemed appropriate without elaborating on an in-depth comparative analysis. This is primarily due to limits of length and space, for I would have had to reduce the detailed and nuanced

descriptions and insights of my ethnographic examination in order to set up another structural tension between various cultures. Although a more cross-culturally comparative project is extremely relevant, it will have to wait until this thesis is completed.

Over twenty years ago, Micaela di Leonardo noted two changes key to the reinterpretation of women's work and family domain: firstly, the increasing 'visibility' of women's non-market activities and the accompanying definition of these activities as labour, and secondly, the 'nonpejorative focus on women's domestic or kin-centered networks' (1987:441). This opening up of women's work as a theoretical area of concern has made my examination of the familial domain in relation to childcare and inter-generational relations infinitely easier. Many of the women's stories communicated ideas and concepts about what family is or how people are connected through examples of the mundane, daily activities. By focusing on the quotidian, the creation of meaning within women's lives as mothers can more easily come to life. To say that my thesis focuses on the everyday, however, does not preclude the larger, philosophical and abstract notions that are also attendant in matters of 'relatedness' (Carsten 2000).

Furthermore, this approach to kinship within the women's lives contributes to what Peletz refers to as examinations of 'the emotional tenor of daily experiences' (1995: 360). In order to highlight how the women talked about their experiences, I chose to focus the kinship discussion on the writings of the 'new' kinship studies. Ideas expressed in the narratives about what is 'natural', what it means to be a mother, and how family relationships are interpreted and conceptualised guided me away from structural analyses of kinship forms and the possible arguments of socio-biology in favour of concentrating on how the women conceived of their everyday relationships with their children and their parents within the scope of childrearing.

In order to examine the attribution of meaning in my informants' lives, we must attend to their use of language and the idioms they used to order their understandings and convey those understandings to me. 63 year old Catherine explained that both of her step-daughters were mothers, and described several anecdotal incidents about being a grandmother. At the time of our interview, Laura, her daughter, was pregnant. Throughout our conversation, she referred to 'my daughters' or 'our daughters'. However, when discussing Laura's pregnancy and her own reactions, she shifted from 'daughters' to saying, 'I do wonder if I'm going to feel differently about her child, because that's my blood and bone, as opposed to my step daughters' children'. For Catherine, her daughter and soon-to-be grandchild were 'blood and bone', which meant something different from her step-daughters and their children. Those individuals who had been grouped together through much of the interview suddenly became separated into two different categories, and blood became the more valued and important. Blood and bone were symbolic of 'closeness', of being of the same substance as Catherine.

An examination of the symbols and meanings that form the underlying elements of behaviour is central to Schneider's evaluation of American kinship as a normative system and cultural system (1980 [1968]). Schneider's main argument in this work was that in American culture, the symbolic system rendered biological and social kinship as two relational elements, part of the oppositional pairing of nature and culture. In this model of kinship, 'relative by marriage' is defined with reference to 'relative by blood' (1980: 25). Nature as biology, arrived at through procreation and resulting in shared substance amongst relatives, was a primary way of understanding kinship. In *American Kinship*, blood and genes, the substance shared, meant long-lasting, unbreakable, 'true' kinship, held in opposition to the social facet which requires upkeep, interactions, and care (ibid, 23-25). The code of conduct, the law as opposed to nature, also supported the primacy of the blood relationship, with the codified responsibilities and expectations of parental care for children being an example. The primary point I want to emphasise here is the conceptualisation of being biologically related; the 'blood relationship' to which Catherine referred. For many of my informants the fact that their child was born of their

body and was part of both theirs and the father's families (by blood and genes) rendered them as special.

Catherine's remark about feeling differently about her own 'blood and bone' was her way of impressing upon me, and perhaps herself, that the flesh and blood of her own flesh and blood contained something more than the interpersonal. My thesis, while not specifically focusing on the meanings of blood and genes, nonetheless demonstrates the underpinning of these ideas about relatedness and the natural facts of motherhood. For many mothers, the idea of shared blood and substance with their children implicitly meant they knew best how to take care of them, as when Chloe, 29, explained, 'you know your own, don't you'. In Chapter Two I explore how mothers' notions of maternal instinct and its relation to innate knowledge of their children are partially located in the substances of blood and genes. How idioms and perceptions of blood and nature participate in conceptualisations of belonging is something I return to shortly.

A second significant contribution of Schneider was his challenge to the idea that the biological facts rooted in nature were a universal principle of kinship, and thus he helped reformulate and reinvigorate anthropology's study of kinship. Schneider's claim that most theorists of kinship implicitly employ a biological or European folk concept model was, he argued, a result of our own (Euro-American) account of procreation creating fundamental biological links which transcend their social and cultural meanings (1984). Although he did not see this critique through to the point of providing a way of analysing kinship without sex and biology, Schneider's insistence on the non-universality of this model of kinship that most anthropologists used, helped to de-naturalise certain assumptions about gender and kinship (see Carsten 2000b; 2004; Franklin and MacKinnon 2001).

### **Displacing biology, nature, and 'real' kinship**

In the early stages of my fieldwork, I did not fully realise the impact and embeddedness of the terms 'natural' and 'nature' were embedded in ideas of mothering, and did not form any direct line of enquiry concerning these terms during my interviews. However, just as Schneider concluded that 'nature' was a dominant idiom of American culture, the process of my research has led me to my own conclusions that, while not uncontested, idioms of nature and the natural are also profoundly powerful in Scottish culture, and therefore kinship, as well. In Sarah Franklin's critique of how anthropologists have theorised conception, she makes clear that there are at least three different 'natures' involved in defining what is 'natural' in Schneider's analysis of American kinship (1997:54). There is 'nature' as biology or shared genetic substance, 'nature' as what animals do, and finally, there is human nature. Through such definitions, 'nature' can be placed in opposition to 'unnatural', 'artificial', 'cultural', and 'abnormal', to name a few in Franklin's list (ibid).

All of these meanings were employed by many of the women I interviewed and by the medical and child experts, in relation to various subjects and ideas. There was 'maternal instinct' as a fact of nature (biology); that is, the natural feelings of love a mother should/did have for her children, as opposed to 'unnatural', 'abnormal' or 'cultural' (depending on whether the women and professionals envisioned this term to refer to feelings or knowledge). There was also breastfeeding, the 'natural' method for feeding infants (it is what animals do, it is what humans were 'designed for', it is physiologically possible and biologically initiated, and is opposed to 'artificial'). When one looks at this list – which is by no means complete or exhaustive – the plethora of ways in which 'nature' and 'natural' can be evinced by aspects of reproduction, mothering and motherhood seems unsurprising.

In the earlier discussion on gender and motherhood we saw how women, often because of their ability to 'bear and suckle' children, became associated with nature and what were considered to be the 'natural facts' of biology. Marilyn Strathern (1980) argued that the association between women and nature was not universal, could not be assumed,



and should itself be denaturalised. As she unpacked notions about nature and gender, she referred us to the Hagen people of Papua New Guinea Highlands and two of their culturally salient pairs of contrasts: wild and tame, and female and male. Outside of the West, and in the Hagen case, she argues, there is ‘no nature, no culture’, and there is no consistent dichotomy between the pairs of contrasts because of the plurality of meanings associated with each concept (1980: 177). Through this denaturalisation of the sets of oppositions that are central to Western ideas about nature, Strathern has helped to destabilise their position within the study of kinship.

Ideas about women being ‘born’ to bear and raise children arose more than once during my fieldwork as many of the interviewed mothers put forth ideas about the natural inclination of women to care and nurture. Alongside ideas of women being biologically oriented to nurturance were examples of the process of learning to love and care for a child, which often drew on idioms of ‘love affairs’ and long-term relationships. One of the aims of this thesis is to tease out the interviewees’ different perspectives and imaginings about whether mothering is grounded in the ‘natural facts’ or else founded upon an intense relationship of many interactions through time.

One of the most valuable ethnographies in examining this conundrum is Jeanette Edwards’ study of idioms of kinship in Lancashire, England (2000). Edwards approached discussions of these idioms via reproductive technologies, but their implications for the mobilisation of notions of biological and social kinship are far-reaching. Edwards argues that ‘biological’ and ‘social’ in kinship are not discrete categories, but form part of a larger nexus and interplay about the inclusions and exclusions of relatives. A person’s ‘background’ can refer to the material and economic conditions in which they grew up, the area in which they resided, or the family or group of kin to which an individual considered themselves to belong. Edwards coins the term ‘born and bred’ to refer to this conceptualisation of kinship, in which the elements of the biological can be suffused with, emphasised over, or submerged under the social aspects. I employ the ‘relatedness’ and ‘affective ties’ of Edwards’ study and emphasise the

various ways in which biologically-created ties are sustained and maintained through an intimate and caring relationship. Undoubtedly both of these aspects of kinship are important in exploring mothers' perceptions of childrearing, and in examining how they understood and vocalised the fact that they performed most of the work in the raising of the children. Another issue my thesis addresses is women's explanations of the mother-child relationship, which valued both the caring activities of feeding, washing, and instructing as well as the quality of feeling. Social and biological kinship as two interacting and mutually dependent elements of kinship guide this examination of whether or not, and in what manner, women naturalised themselves as mothers because of biology.

The reliance on sets of oppositions has perpetuated the split between biological and social kinship, and ideas about 'nature' also define this division in a hierarchical relationship. Schneider pointed out that an axiom of Euro-American kinship is that kinship ties are perceived as natural, predicated on biology, and this premise forms the basic principles of what has been called 'real' or 'true' kinship.<sup>14</sup> Whereas Strathern made obvious the cultural specificity of the concept of nature in gender and kinship, Weston destabilised the privileged position of 'real' kinship. In *Families We Choose* (1991), Weston challenges the continuing differentiation between 'real' and 'fictive' kinship by exploring how gay men and lesbian women constructed their own notions of kinship. One main contribution of this work was to displace the idea of biology as the only enduring, binding element of relatedness, and to demonstrate the existence of multiple interpretations of American kinship. Thus, kinship is only 'true' when placed in opposition to 'artificial' or 'fictive' terms (1991: 188). Acknowledging biology's social construction shifts the emphasis of kinship from biology to choice, as Weston's informants do, so that all kinship is fictive, and therefore, equally authentic.

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<sup>14</sup> According to Fortes, 'fictive' kinship connotes 'a relationship deliberately created by the mutual agreement of the parties, not one imposed by the chance of birth' (1969: 241).

Friendship and enduring solidarity were linked in gay kinship ideologies, and ‘chosen kin were expected to “be there” for one another through ongoing, reciprocal exchanges of material and emotional support’ (Weston 1995: 93). By reconfiguring family forms, emphasis is placed on the performative, caring tasks of relationships. This exposes one of the elements missing from many accounts of Western motherhood, which is the way kinship is established and reinforced through the actions of care and the amount of time spent together.<sup>15</sup> One discussion that does address how crucial the caring and temporal aspects of kinship are to ideas of relatedness is Edwards’ and Strathern’s (2000) examination of what it means to be related in England. Through people’s use of idioms of kinship and the language of ‘belonging’, they stress the intermingling of the ‘social’ and ‘biological’ elements in the way people choose and decide who is connected to them. Whether or not one person is defined as related to another can depend on a range of factors including how much time is spent together, spatial proximity, or personal affinity (2000: 159-160). The importance of care in the mother-child relationship is difficult to ignore, particularly when so many of the health professionals were concerned about mothers’ nurturing behaviour or the process of bonding. Many women also remarked on the care-giving interactions and time spent with their children as providing them with affection for and knowledge of their children. In this thesis I explore ideas of kinship and relatedness in the context of childrearing practices and interactions, and how being ‘biologically’ related maps onto the regular and intense interactions between mother and child.

The reshaping of what constitutes kinship requires a process of reshaping ideas about what is ‘natural’, and this leads us to the ‘natural facts’ of conception, pregnancy, and birth. Assisted conception techniques can be seen as the means by which individuals

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<sup>15</sup> Ragoné’s (1994, 1998) work on assisted reproductive technologies (ARTs) is an exception. In her discussion on gestational surrogacy and how different kinship ideologies are mobilised in participants’ accounts, she notes ‘traditional surrogates ... advance the idea that the term ‘parent’ should be applied only to individuals who actually choose to become engaged in the process of raising a child, regardless of biogenetic relatedness’ (1998: 123). However, few studies exist that stress the importance of ‘social’ kinship between a biological mother and child outside of ARTs or adoption (see also Carsten 1995; 2000; 2004).

and couples can have a child that is in some manner still ‘biologically’ linked, albeit by making fundamental changes to what was once considered to be biologically given. The issue of assisted reproduction produces some interesting relations between ideas of nature and kinship. For instance, in her discussion of the popular representations of infertility, Franklin notes that much of the language positions infertility according to the ‘natural facts’. ‘The desire to found a family’ is framed as a primordial drive, something ‘after nature’, placing the progression from marriage to childbirth as more than a social convention but part of the flow of life (1997: 91-92). Casting assisted reproduction as a scientific ‘facilitator’ of nature, so that the ‘flow of life’ may persist, renders infertility as frustrated biology instead of becoming a means of displacing motherhood from a chain of natural, biologically grounded set of events.

How modern English kinship is imagined, enacted and contested, particularly in relation to how ‘nature’ is conceptualised, is the focus of Strathern’s (1992b) monograph *After Nature*. Strathern connects perceptions about ‘natural facts’ to a rise in choice and individualism in the late twentieth century, which in turn has caused shifts in the way ‘nature’ is envisioned. English people are said to place relatives and family as existing outside and beyond technological change and intervention, in a position of tradition antithetical to change and increasing complexity (ibid: 11). She traces a string of associations about convention, tradition, change, innovation and novelty in order to point out that notions of the natural facts grew more complex, due, in part, to changing information and conceptualisations of inheritance, genes and genetics, sexual intercourse, and the association of intercourse with reproduction. In turn, there was a concurrent multiplicity and destabilisation of ideas about nature (ibid: 20-21).

Strathern is one of the anthropologists to have discussed connections between the popular English conceptualisation of contemporary society as ‘complex’ and perceptions of the diminishing importance of kinship over the generations (1992b). This complexity and multiplicity was a central theme of my research, but I move away from Strathern’s more removed and abstract examination of these conceptualisations of English kinship

in order to elucidate how they emerge in the narratives of motherhood and kinship among mothers in Scotland. How mothers make decisions about socialising discipline was one avenue into this subject, for Strathern noted that there was a shift from 'traditional authority' to more egalitarian and individualistic methods. I also focus on the myriad ways in which kinship can be considered as important and supportive. Although in popular British opinion kinship has apparently diminished in importance over the generations, my research helps to illuminate the subtle ways in which familial interactions, support, and significance have changed but not necessarily diminished.

My examination of kinship is most concerned with both the daily obligations, duties and responsibilities that Finch (1989) argued are the defining marks of the 'special' quality of kin relations, and the 'emotional tenor' inherent in kin interactions. This thesis also takes frustration, relief, and ambivalence as the grounding of its subject of enquiry.<sup>16</sup> Volatility and negotiation in family relationships are taken as the foundations of the fabric of the emotional landscape of kinship. In Finch's discussion of how responsibilities between kin might have changed, she emphasises the need to pay attention to historical 'romanticising', there being a tendency to create hierarchical evaluations in the differences between past and present in which either one can be cast as superior (1989: 58). She, like Strathern, notes that commentators consider the present day as 'a time when people's sense of duty and responsibility is much weaker' (ibid). Finch concludes that assistance from relatives is actually greater than is often assumed. She also states that it is women who perform more of the responsibilities and duties of kinship, for caring as the domain of women has not yet been destabilised in practice.

The scope of this thesis includes both of these ideas, and I agree with Finch that although the form of support from kin may have changed, this does not necessarily imply loss. I focus particularly on the different forms of inter-generational help, and

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<sup>16</sup> Peletz (2001) examines the history of ambivalence within anthropological theories on kinship, noting the different forms and expressions it has taken, as well as its impact on kin relationships.

how different perceptions of what is needed may or may not be shaped by past interactions of kin. However, I slightly differ from Finch's observations on the relevance of the emotional history of a relationship. She criticises the concentration upon childhood experiences and the importance of the mother-child bond as being too overriding to be convincing. Moreover, she states:

this perspective does not fit with the evidence that obligations to give support within families have the character of negotiated commitments over time ... this requires a view of social life which ... sees the meaning of actions and relationships as developed and renegotiated, not fixed for ever at one point of time (1989: 228).

My argument is that giving the emotional history of relationships a rather important place within the analysis of kin obligations and interactions does not tether such considerations to childhood, for the relationship between mother and adult child influences emotional perceptions and interpretations just as emphatically. Nor does this consideration freeze or 'fix' a relationship within a singular time. The process and cumulative nature of interactions within a relationship means any developments and changes are continually being re-evaluated and adapted in each individual's memory. Lastly, the relevance of the emotional history between mother and daughter directly affects childrearing methods and practices, and this is the focus of the discussion in Chapter Six.

## **V. Mapping the Thesis**

This thesis is broadly structured along chronological lines. Beginning with the return home from the hospital, Chapter Two focuses on the beginning of the mother-child relationship. How women grappled with the new responsibility of being a mother is examined through their emotions of 'coming home', which could be felt as a tumultuous time. Additionally, I highlight the engendered expectations about 'natural' mothering and their relation to women's hopes and fears about loving their babies and knowing

how to care for them. Chapter Three follows the theme of what is considered to be natural through the issue of infant feeding. Breastfeeding was overwhelmingly the method mothers wanted to use to feed their children, based upon their ideas that it was either more ‘natural’ or ‘easier’ than bottle feeding. I also examine the powerful rhetoric of nature within the experts’ directives for mothers to breastfeed, and the various ways in which breast milk was portrayed, particularly in the medical literature.

Figuring out the preferred way to feed an infant was part of the process of ‘settling in’, and this process is the focus of Chapter Four. In this chapter, I look at the practical and moral underpinnings of different habit training methods in both the women’s narratives and the professional literature. ‘Bad’ mothers and ‘good’ babies were concepts internalised by many women because of these moral intonations. The father’s participation in the daily caring activities is also addressed, for it was in relation to this care that the women most often brought the fathers into their stories. Moving on to socialising discipline in Chapter Five, I examine how and why a child is to be raised in a specific manner. Ideas of citizenship run through methods of discipline, as well as notions of the transmission of values and ‘background’ from both the mother’s and father’s family. Chapter Six continues to explore notions of familial relationships, which comprise a rather large part of motherhood’s emotional landscape. I explore how emotions and feelings produced by family involvement were inseparable from a young mother’s learning and care-giving, and this was something expert advice increasingly acknowledged. I also address the connection and influence of past generations on the future generations of mothers in the way they raise their children.

How personal experiences and familial relationships combine with and influence mothers’ decisions regarding paid employment is the subject of Chapter Seven. I examine how socially normative values influence the women’s lives, and how the particularities of a woman’s life are relevant in how she organises competing wants and needs. Moreover, the place of paid employment in women’s identities, as a facet of women’s wants and needs that shifts over the years, is examined. Finally, in Chapter

Eight, the transformations of space and time in a woman's lifestyle after becoming a mother is explored. The often-expressed joy at the birth of a child can be tempered by the immensity and breadth of changes in a woman's life, sometimes resulting in loneliness. One line of enquiry in this chapter is the place of motherhood in light of such ambivalence, and I trace the position of mothering in connection to more metaphysical concerns. Through these themes in women's narratives, I aim to show some of the nuances of how women learn to mother, and which elements become important in the development of a woman's own notions about what being a care-giver to a child means.







## Chapter 2.

### Coming Home: Feeling Like a Mother

The climax of conception and pregnancy is not labour, but rather, becoming a parent. For the women in my research, coming home was the commencement of a woman being defined as a mother. This new definition also signalled a time of adjustment. Returning home was the beginning of a relationship, a time when all of the planning and theories considered by the women during their ante-natal period had to come together in the raising of their child. This chapter addresses the issues and emotions that many of the women expressed in association with this time of their life. What came across implicitly yet resoundingly from the women's narratives was that, in the beginning, one of the most important adjustments was to act, think, and feel as they thought a mother should.<sup>1</sup>

In part one of this chapter, I focus on stories told by the women, regardless of the year in which they became mothers. The emotional intensity did not seem to change in the examination of each cohort. Leaving the overseeing help of professional experts, the interviewees began caring for their child within their home. Excitement and pride, confusion, anxiety and fear featured prominently in the memories of women, whether it was their first baby or not. 'Home' could represent the proper beginning to the mother-child relationship, or it could evoke anxiety at the finality and complete responsibility of new motherhood. Emerging from the women's narratives were two primary forms of 'feeling' like a mother: experiencing emotions considered as properly maternal, such as love and protection, and a kind of confidence in knowing what to do for the infant. As key components in the

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<sup>1</sup> The absence of the fathers' experiences of coming home is primarily due to the structure of the research. I did not interview any of the fathers and, therefore, have no stories or narratives directly from their point of view. When it is relevant, I have included the many references in the women's narratives to the fathers, particularly with the use of the term 'we'.

transition phase, motherly love and knowledge were what many women strove to find and develop.

Indeed, in the second part of this chapter, I examine the concept of ‘maternal instinct’. It was a concept that arose in the very beginning of this research, and which continued to be linked to love and knowledge by the women throughout the interviewing process. I will first address the concept of ‘maternal instinct’ through the cohorts, these being based on the years in which the women gave birth to their children. I discuss the women’s opinions about what maternal instinct *is*, as well as how the mothers’ understandings of the concept shifted throughout the time periods. In the immediate post-war years, maternal instinct was often considered as a personality characteristic or an innate biological response. By the 1990s and early 2000s, maternal instinct was likened to a process of learning and the establishment of an enduring and caring relationship. The willingness to admit to feelings of ambivalence after the birth of their child also increased in prevalence through the time periods.

In order to explore the complexity of views about maternal instinct, I follow the cohort discussion with a section which examines the women’s conceptualisations regardless of when their children were born. Recurring sentiments that display continuity across the time periods, with little distinguishable shift between the cohorts, revealed a two-fold perception of ‘maternal instinct’. Emotion and knowledge could become intertwined in the new mothers’ narratives about maternal instinct, often with no prevailing or singular understanding. What stood out when considering the narratives was the disarticulation and indistinct description of both ‘instinct’ and ‘learning’. Women would awkwardly put forward views of mothering as either primarily biologically oriented or experientially accumulated, but without fully denying either description.

In the third and final section of this chapter, I look at the experiences of women who found the adjustment to motherhood extremely difficult, to the point of describing themselves as having ‘failed’ to cope. Post-natal depression affected four of the

women I interviewed who, when recalling the process of coming home and the beginnings of motherhood, remembered feelings of disappointment, failure and insecurity. When giving birth initiated no 'instinct' or they considered themselves as not learning to cope, their expectations of mothering became disrupted.

### **'Here's your baby, on you go'**

Feelings about returning home varied amongst the women. Some recalled an eagerness to return to a familiar environment, while others remembered being in an anxious and nervous state about the prospect of leaving professional care. The sources of such anxieties can be gathered from the recollections and memories of the women under two main themes: there was often a sense of having inadequate knowledge and an immense awareness of responsibility. Virtually all of the women, whether describing their anticipation of the event as exciting or worrying, went on to record some level of difficulty or uncertainty during the early months of caring for their infants.

After the birth of their child, women who described themselves as eager to go home felt this was the only way to 'get on' with fulfilling the role of mother. Dorothy, a catering manager whose son, Charlie, was born in 1999 when she was 28, recalled an intense excitement that she compared to 'being like a kid' herself, being 'chuffed' to be back home where she could 'get into being a mum'. Dorothy depicted an immediate feeling of being comfortable with her son, and felt no particular nervousness regarding her new-found responsibility of care. She remembered with fondness the transitional phase of caring for her son. For Dorothy, returning to her familiar home allowed her fully to appreciate what made her feel content about becoming a mother. Similarly, 34 year old nurse, Liz, felt that she and her new son needed time at home together in order to form a routine between them and settle down. She felt that the process of becoming secure in her new role as a mother was hampered by being in the hospital, a space that was artificial, unfamiliar and out of the ordinary.

A familiarity and sense of belonging that many women associated with their home meant their return to it was the identifiable beginning of their relationship with their child. If 'home' is where one feels most relaxed, most settled, then by extension, this is where the establishment of the new relationship is most likely to develop and flourish. Both Grace and Clara, along with several other women, spoke of the return home as the 'proper' beginning of their experience as a mother. Grace continued to say,

I was really desperate to get home ... I was so pleased to get home. And I felt so much better once home, you know, it's where I spend most of my time. I felt like, "ok, now I can get this motherhood thing properly started".

Another reason for feeling excitement over coming home was expressed by several women as being happy and proud that their baby, who for nine months grew in the woman's womb, became a visible, tangible thing. At the confirmation of their pregnancy, the mothers-to-be accepted the attention immediately focused upon them, their actions, and their future child. Once the child was born, the reason for the physiological and lifestyle changes became manifest in the new being with whom the mother could interact, see and touch. Dorothy, Grace and 52 year old stay-at-home mother, Lorna, all remembered being proud of what they 'made', a sort of possession related to concepts of knowledge about care, responsibility, and ownership that I further explore in the 'maternal instinct' section of this chapter. Related to the discussion of coming home, this pride helped to relieve the stress and anxiety of anticipation for some new mothers.

However, returning home for other women triggered fears of distress. This was often marked by the realisation of accountability in conjunction with a perceived lack of knowledge about how to care for their baby. Harriet, 75, who returned to Scotland upon her marriage, remembered feeling scared at the responsibility of caring for another being 'who is completely helpless'. She began feeling trepidation at being the sole caretaker of her infant, without professional assistance, when her return home was a few days away. Because she remained in the private nursing home for two weeks after giving birth, she had grown, in her words, 'too used to being looked after', and saw the return home as 'a looming ordeal'. A lack of expertise and

knowledge was perceived by Harriet, and therefore caused her to question her ability to care for her baby.

Several of the women who shared Harriet's anxiety told of wanting some kind of reassurance that their care of their baby would be satisfactory. 53 year old Charlotte, a retired teacher, told me that, in particular, leaving the hospital and entering her own home, her state of perpetual tension meant she could barely eat or sleep:

It's [the baby] just this wee little thing, and you've been in the hospital for days and days, and then they just hand it over, like, 'here's your baby, on you go'. It was terribly frightening, wondering if you were going to be able to take care of such a vulnerable little baby.

Whereas for the new mothers discussed earlier, returning home gave a sense of relief and joy, women such as Charlotte felt frightened of the immense responsibility. This was compounded by her perceived inexperience.

Where these two seemingly disparate attitudes converged was when the women were in their homes, settling in, and the initial rush of emotions subsided. Regardless of what the anticipation was, the majority of women talked about finding the adjustment period as daunting and uncertain. Many women made comments of having been 'shell-shocked'. As Sally, a 33 year old solicitor, remembered, she was excited and eager to get home but, once there, felt at a loss:

After the first day or so, it was "oh my god"! I had conveniently blocked out what being a mother really meant, then suddenly, it's like, "reality check".

Although Sally stated that the necessary role for a new mother was providing 24-hour care for her new baby, she also remembered herself as not fully understanding what this meant until 'the very minute I sat down at the table'. 50 year old Kate discussed a similar situation, where she was comfortable in her knowledge and ability before leaving the hospital, but upon finding herself at home with her baby, she became 'fairly nervous'.

The two themes of knowledge and responsibility played upon each other, with the new mothers wondering if they possessed enough information or experience to verify

their status as a ‘mother’. Several women recollected their slight surprise at being discharged from professional care to be in charge of their new infant. Sharon, a 29 year old sales clerk, drew a comparison to a pupil requiring an exam in order to prove capability of new subject material, in which proficiency was not assumed:

It just felt very bizarre...like there should be a test or something, to check you kind of knew. I felt there should be a test or something, to prove I knew what I was doing.

Sharon could not quite fully believe that she was left as responsible for her new baby, since no ‘proof’ of her competence – her knowledge and responsibility – was required. As with the majority of the mothers interviewed, she did not have great confidence in herself in the role of mother, and told me that, at the time of coming home, she had not been convinced she possessed a maternal instinct. In fact, many of the mothers interviewed struggled with their expectations, not only of what being a mother would feel like and how they would negotiate their way through the early days of care, but also what they would feel *for* their baby. It is to these interlaced elements, which are utterly and problematically bound up with the concept of maternal instinct, that the discussion of coming home turns.

### **The ‘love’ affair: a maternal instinct?**

It was during my first interview for this research that the phrase ‘maternal instinct’ arose, and it was a concept that I, perhaps due to my inexperience of motherhood, did not foresee. Chloe, a 29 year old woman who was in college at the time of the interview, was explaining how she found the early days of being a mother, saying:

...you just kind of know, like, maternal instincts are there, and you kind of just know what to do...

Upon realising this idea might play an important part in many mothers’ decisions and methods, I asked each interviewee what they thought of the concept of ‘maternal instinct’. I did not define the term, nor did I insinuate any level of acceptance or ‘truth’, simply asking ‘What do you think about the term maternal instinct?’ In fact,



many women interviewed either used the word ‘instinct’ or the phrase ‘maternal instinct’ before any direct question was raised.

The term ‘instinct’ refers to a type of non-learned behaviour, an inherent capacity and unalterable tendency of an organism. When women made references to their instinct ‘kicking in’ or guiding them in their early days of being a mother, they used the concept as a way of making me understand that some aspects of childrearing seemed to them either unconscious, or did not require drawn-out decision-making. Yet, they also turned to the idiom of instinct when explaining certain emotions they felt towards their children, using it as both a cause for and definition of maternal love.

In order to explore how mothers thought of maternal instinct and what it entailed, as well as how they expressed these notions, I employ two ethnographies. In her fieldwork in Bacup, Lancashire, Jeanette Edwards sought to tease apart how people understood new reproductive technologies and the implications of these innovations for what she describes as ‘born and bred’ kinship. In Edwards’ analysis of kinship, the ‘biological’ and ‘social’ are not discrete categories, but become part of a larger interplay of concepts about the inclusions and exclusions of relations, depending upon the situation and context. ‘Roots’, whether referring to a place of origin or to relations of origin, can be both axiomatic and require sustenance, in which the maintaining of a ‘given’ relationship can occur simultaneously or separately. Edwards identifies two elements as constitutive of ‘English’ kinship: relatedness and affective ties. In her analysis, kinship involves the connections people trace to one another through some kind of shared substance – with blood or genes being the most frequently used examples – while concurrently placing an emphasis on ‘the creation and maintenance of social relationships through intimacies of care and effort’ (2000:27).<sup>2</sup> Thus, how people view ‘nature’ and ‘nurturing’ play into views of kinship. Both of these elements involved in ‘English’ kinship can be drawn into the discussion on maternal instinct as discussed by my interviewees.

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<sup>2</sup> Edwards’ discussion of blood and genes as the most common examples of conceived shared substances draws on Schneider’s (1980 [1968]) account of American kinship.

The second discussion I draw on is Edwards and Strathern's (2000) examination of English relatedness, particularly ideas of ownership and belonging. A primary focus of this analysis is the juncture of the 'social' and 'biological' aspects of kinship and how they might be divisive *or* joining, a process they refer to as 'interdigitation'. While I did not specifically ask the mothers to elaborate on their conceptualisations of kinship, or the 'biological' and the 'social' aspects, many women explained what maternal instinct meant to them and from where it came, using examples of kinship. Edwards and Strathern emphasise the interdigitation of English kinship; the infinite linkages that are technically possible when following a chain of connections (for example, the people who may be referred to as 'relations' when tracing back through the generations on both a mother's and father's 'side' of the family). When other elements, such as residence or simply preference, are considered in this chain of those people one might consider as 'belonging' as family or kin, English kinship shows itself to possess a 'self-limiting' character. If kin reckoning contains a 'self-limiting character', then it is crucial to understand the significance of how the mother-child relationship is interpreted through idioms and sentiments of belonging and ownership (2000:158).

### **Cohort One: 'I think women should be born with it'**

In the first cohort of women, who had children born between 1945 and 1960, everyone stated that maternal instinct did exist. Generally, it was described in terms of feelings and knowledge, as 'knowing how to care for and love your child without discontent', in 76 year old Jean's words. The strength of maternal instinct was heard several times, as it was something that lasts 'all your days'. Many of the mothers discussed maternal instinct as starting with the birth of their child, such as Helen, who said she felt it 'right after the birth'. It was often understood and described in relation to biology or physiology, and Allison, 74, felt that she 'didn't have any [instinct] before getting pregnant'. By placing maternal instinct as something that appeared with the birth of their baby, it became biologically activated, an event concurrent with reproduction.

However, in this immediate post-war cohort, biology and reproduction could not ensure that maternal instinct would be present, for it was not something found in all women. While they 'believed in an instinct', they did not regard it as a capacity exhibited by all women. This view did not preclude women being *expected* to have a particular maternal quality. Maternal instinct was something 'a woman should have ... [it] should be there in most women'. When asked how they distinguished those mothers who lacked any such quality, most interviewees identified women who 'did not act mother-like' and did not seem to know how to handle children.<sup>3</sup> The association of maternal instinct with biology – and therefore as an expected function of women's bodies – came through in a comment made by Judith, a middle-class woman now 83 years old:

Well, I think some mothers don't have that concept, don't have that natural instinct about babies. I think women should be born with it; we were born to bring babies into the world, that's what we're made for.

This response to the concept of maternal instinct explicitly illustrates the paradoxical make-up of its meanings. Being born with an instinct precludes any kind of gradual process in favour of an immediate, innate ability. Associating 'instinct' with the imagined 'natural' body with automatic responses places it outside the control of women. Yet, some mothers did not have it, and therefore it could not be triggered by a woman becoming a mother, either physically, emotionally, or mentally. Women were made for it, but not all women.

This paradoxical framework raises several questions about blood, inheritance, and kinship. Who, or which traits, should be included or excluded in the category of 'having' a maternal instinct? If maternal instinct is natural, or innate, what does it signify if a woman 'lacks' it, and who decides that she is missing this inherent part of her make-up? If maternal instinct can be considered an artefact of the body, can an absence of this biology mean a woman's inheritance can be faulted, possibly through

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<sup>3</sup> Arlie Hochschild, in her exploration of emotion work, identifies the parent-child relationship as containing the most feeling expectations: 'of these [emotional obligations] perhaps the feeling obligations of parent for child are the clearest. Here, if nowhere else, we say love is 'natural'. Culture may govern its expression, psychology may explain its unfolding, but we take parental feeling itself to be 'natural' (1983: 68).

her mother or grandmother, and so forth? Judith never addressed the possibility of a woman learning maternal instinct as a process involving the experience of daily life, involving the intimacy and care of her child, yet she herself told me one reason she had not been nervous bringing her baby home was because during the war, she worked with children.

This physiological grounding of maternal instinct is similar to Edwards' ethnographic description of how residents of Bacup viewed the 'biological need' to have children: placed as something innate, 'one is born with them [biological imperatives], and they are not necessarily fully switched on' (2000: 239). The implications of an inborn instinct not being 'switched on' for past, present and future kinship relations was not explored by my informants, who in this cohort placed such emphasis on biology and ignored the process of learning. When Allison recalled her delight at discovering her ability to 'cope' with caring for her children, she phrased it as a reinforcement of the efficacy of her instinct. However, trusting in the efficacy of instinct proved to be a sticking point for many of the experts writing during the same time period.

### **The biological force of motherhood: expert opinions on maternal instinct**

In post-war Britain, family life was a major concern for social commentators, academics, and anyone whose profession crossed into the jurisdiction of family life and health. The Second World War disrupted family life and marriages in several ways, which included men being recruited to the Services and a greater number of married women participating in the work force. Additionally, children were sometimes evacuated to different parts of the country, further upsetting the daily life of many families. According to Arthur Marwick, these conditions of war and 'the destruction of young lives in the bomber raids', coupled with changing family dynamics, such as a reduced family size, seemed to have 'put a new premium on the importance of children and the need to provide them with loving care' (1982: 72). This emphasis on family life meant mother-care practices were a focus for those professionals working in mother and child health, and many articles with a

professional readership and parent-directed manuals addressed the issue of maternal instinct and love, directly linking them to the quality of childrearing.<sup>4</sup>

In a similar fashion to the first cohort's comments, maternal instinct was something that existed, and was seen as based in the biological facts of reproduction and womanhood. While 'maternal instinct' was the most commonly used term during this time period, other phrases such as 'common sense' and 'mother-love' were used as well. The biological presence of some form of instinct was discussed in many professional texts, but the views about the importance and role of such an instinct varied. A degree of innate capacity was suggested, but there was also an undeniable need for education and training for new mothers. In this view of professionals, pregnancy and childbirth were seen as an almost universal role for women, as when a physician giving a lecture at a conference for Women Public Health Officers told the audience that certain characteristics of motherhood were basic, and that 'after all, it [becoming a mother] is the biological destiny of the female' (Hemingway-Rees 1952: 219).

Often implicitly, this sentiment permeated much of the writing on motherhood, and state-sponsored educational guidelines provide further evidence. In a pamphlet published by the Ministry of Education, intended for curriculum planning in educational institutions, a chapter headed 'School and the Future Parent' included maternal instinct. Not only was it acknowledged as existing, but the chapter went on to state that maternal instinct, 'however disconcerting at times, has come to be accepted as one of the most powerful of all biological forces' (Ministry of Education 1956: 72). Instinct in this excerpt stood for a type of non-learned behaviour, an inherent capacity and unalterable and potentially threatening force. The language in this health education guide suggested the image of a mother possessing a 'force' she did not have actively to think about or consider, but that was supposedly somehow lying dormant until needed.

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<sup>4</sup> For instance, in his writings on his 'maternal attachment theory', British psychoanalyst, John Bowlby, based many of his case histories and examples on children separated from their mothers and families during wartime, due either to mothers being in employment or to children being relocated away from cities because of air raids and bombings (e.g. 1951 and 1953). For Bowlby, a mother's love, attention, and caring were the foundation of a child's mental, physical and emotional health.

Mothers as possessing certain 'natural' feelings for their children was a common way of conceptualising 'maternal instinct', but the phrase could also be used to define an instinct that related to aptitude. Much of the literature that discussed maternal instinct used the term to refer to a kind of knowing, inherent knowledge privileged to women as they become mothers. Whether or not this innate 'knowing' was enough for a woman to excel in motherhood was regarded as debatable. Beyond biological normalcy, maternal instinct was also a skill, and it is in addressing this issue of educating mothers that the contradictory ways of defining and thinking about instinct came through most distinctly.

The call for the training for mothers became a commonly-voiced concern within professional circuits. During the process of reconstructing Britain and bettering family life, with the National Health Service focusing particularly on prevention, the health of children became a requirement for the future well-being of the country. Educating mothers was regarded as the first step in this process. For example, an article by a practising health visitor in a journal published by the National Baby Welfare Council, intended for other health practitioners, commented that, while the modern mother was not ignorant and did indeed 'retain her natural inclinations, there is no mother, however intelligent, however cultured or however knowledgeable, who does not require to be taught the rudiments of mothercraft, of child nurture and nutrition' (National Baby Welfare Council 1952: 101).

Advocating the education of parents, particularly mothers, left intact a notion of instincts, as seen in the above phrasing, 'natural inclinations'. Indications of an instinct could be subtle, such as when the phrase 'common sense' became a substitute for 'maternal instinct'. As the education of mothers became a more commonly discussed topic, it is possible that using a term that evoked primal and animal-like senses and behaviours became less acceptable. 'Common sense' became a phrase that bridged the term 'instinct', a word implying nature and non-learned behaviour, and 'education', associated with rational decision-making and sound

judgement. Common sense could also give an impression of calmness, a more 'mentally' oriented activity than the more 'bodily' oriented notion of instinct.

This merging of instinct and judgement resulted in an ambiguous message that a mother could not rely solely upon her inherent knowledge, but that it was nonetheless important. This was a view taken more often by experts of the 1950s, and with more emphasis placed on prudent decision-making. One of the first examples came from Dr Spock, who, as a paediatrician writing childcare manuals was one of the most widely-read experts by my interviewees. His advice, urging readers to rely on their 'common sense', did not dismiss instinct, instead implying a rational faculty that came naturally:

You know more than you think you do ... don't be afraid to trust your own common sense. Bringing up your child won't be a complicated job if you take it easy, trust your own instincts...' (Spock 1954: 15).

By linking 'common sense' with uncomplicated impulses, a sort of 'informed reaction' approach was promoted and legitimated. Ambiguity about the sources of mothers' emotions, skills and knowledge was something that would continue into the following decades.

### **Cohort Two: 'you're supposed to love it to bits'**

For the women whose children were born between the years 1961 to 1980, the term 'maternal instinct' provoked a rather mixed response. In the women's narratives, it was common for maternal instinct to be associated as a natural element of motherhood or as an immediate bond between mother and baby. For instance, Lorna, 52, spoke of her reactions to her baby's cries as evidence of a maternal instinct. Because she picked out her child's cries from the rest of the babies in the nursery within a few days after his birth, Lorna told me this instinct was 'an incredible thing, it's a natural thing'.

Another attitude persisting from the first to the middle cohort was that, despite maternal instinct's natural grounding, it was not found in all mothers. Unlike in the

previous cohort, however, it was possible this lack of an instinct was connected to human experience. Thus, in some of the women's words, a rather contradictory depiction of 'nature' arose. One such example comes from 63 year old Effie, a widow who spent many years working with the National Childbirth Trust, who connected the origins for maternal instinct to both biology and a process of learning:

I believe there is such a thing as maternal instinct; I don't know that everyone's got it though. I think it's to do with how our mothers are and it's passed on. Whether it's nature or nurture, it's passed on, in the genes or in the nurturing.

Here Effie attributes the concept of maternal instinct to either genes or nurturing, biology or experience. She herself was not sure, but felt it was connected to the mother-child relationship that every woman was a part of in some capacity. She went on to explain that although she did not consider her relationship with her mother to have been 'particularly close', she knew that she had been a very wanted and loved baby, 'a nurtured baby'.

In Edwards and Strathern's (2000) discussion of 'belonging' in English idioms, they suggested that it can move beyond ownership to something that can represent a claim to identity, adduced in ways of belonging to a family or place. For Effie, she belonged because she knew she was loved, which, in turn, produced a maternal instinct flowing from her mother to her. Biology and caring became entwined, for her conceptualisation was not wholly grounded in nature, and she did give credence to nurturing as important to mothering. Yet, by saying not everyone had maternal instinct, import was given to the naturalised category; the aptitude of each woman varied, but complete absence was something outside of the ordinary. The universality of some degree of feminine nurturing precluded maternal instinct from being completely governed by a process of learning.

The perception of maternal instinct as 'natural' or immediate was not subscribed to by all women in this cohort. Almost half of these interviewees remembered an ambivalence of feeling regarding the new baby, something not addressed by the immediate post-war cohort. The women who expressed ambivalence towards their infants and motherhood were usually the same women who felt that instinct was



learned; a process by which a woman grew to 'love' her baby and that brought the mother and baby closer in a relationship. The ambivalence described by the women stemmed from expectations, self-imposed but also influenced by family, friends, and the professionals, that a mother would quickly love her child and know what was best for its care. Fiona, a 54 year old nurse, remembered that she felt maternal instinct was expected, 'the very minute you saw your child – you're [supposed] to love it to bits'.

For Fiona and others in this cohort, such a love took time to develop and was a process of interaction. However, even the women who took this view conceded that not every woman possessed a maternal instinct. When Bonnie, 54, said that she felt it was impossible for a woman immediately to love her baby to her full capacity and 'know about everything it needs', she spoke of an experiential side of mothering. Yet, soon after this statement, she also said that some women just did not suit motherhood, and had 'learned no instinct on their own'. This paradoxical phrasing of *learning instinct* also denied that some women possessed maternal instinct; the women who put forth this idea negated the proposition that it was something acquired through either time, experience, or both and reinforced the idea of it being a natural quality. Bonnie seemed to be making a judgement that some women did not learn how to be proper mothers, and this combination of required interaction with an innate quality of response and emotion fits comfortably with the literature of the same time, where education and interaction were stressed alongside 'common sense' and 'mother-love'.

### **The experts' opinion on maternal instinct: mother-love is common sense**

By the period 1961-1980, most of the professional literature's language ceased discussing 'instinct' in the biological terms commonly found in the post-war years in favour of 'common sense' and 'mother-love'. The term 'common sense' in discussions of childrearing can be taken to have two meanings. It can refer to a more unreflective, practical, organic process for making decisions and acting. It can also describe involuntary, habitual ways of thinking or acting. While the latter is quite

similar to the idea of ‘natural’, both possible meanings and their implications were often used interchangeably.

In fact, this shift in terms did not separate mother-care from the woman’s body or nature. Experts continued to place an emphasis on the body through both the mother-child relationship and the conceptualisation of the reproductive process in more specifically medico-scientific images. An example of the medico-scientific images of the body is from a pamphlet entitled “For Mother”, published specifically for women as mothers by a leading baby food producer. In the first section headed ‘*a plain guide to being a mother*’, a kind of fusing between both definitions of ‘common sense’ was demonstrated:

Having a baby is largely common sense. You don’t have to learn how to do it – it’s just there. Your natural common sense will govern all your actions and thoughts around your baby. In fact, if you were washed up on a desert island, common sense would play a large part in getting you comfortably through pregnancy and confinement. In a sense, you are a perfectly self sufficient machine for having a baby, and the machinery switches on automatically with its conception. Of course, if you look around, you’ll find certain civilised sides to motherhood, like doctors, orange juice and relaxation classes, and you would be foolish not to take advantage of them (Farley’s 1958-66: 2).

In the above excerpt, there is not only the bridging of common sense with instinctual, biological responses, but the passage also elides organic and practical ways of knowing with involuntary thinking/actions. A woman having a baby was no cause for concern because nature would run its course. The phrase ‘it’s just there’ gives the reader absolutely no starting point from which ‘having a baby’ was to come, but analytically, the location of ‘there’ can be taken as within the body. Because of the instantaneous physical reaction of the body ‘switching on’ at conception, it was the physical body in charge.<sup>5</sup> The ‘civilised sides’, including doctors and the woman’s own means of learning, became extraneous but pleasant amenities. This physical common sense still located motherhood in a framework of natural instinct.

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<sup>5</sup> The use of metaphors of the body as a machine is a widely explored area of medical anthropology texts, including Riessman 1983; Martin 1987; Lindenbaum and Lock 1993; and Haraway 1997.

Moving into the 1970s, the idea that a feminine, maternal instinct was exemplified by physical actions and responses became increasingly predominant. This physical form of maternal love was most frequently associated with the motherly urge to cuddle, hold and touch her infant. Professionals of the 1970s accepted maternal instinct as part of motherhood, not only as an innate way of knowing but as a physical expression of love and affection. Midwives, nurses, and health visitors previously acknowledged the emotional ties a mother felt for her infant, but began to encourage actively more intense and prolonged physical contact during this period. The physicality was thought to ensure the well-being of the mother-child relationship. For example, an instructional textbook for midwives stated, 'Nature has provided the mother with a maternal instinct which she expresses by cuddling and caressing her infant' (Myles 1969: 491). The substitution of 'mother-love' for 'maternal instinct' linguistically gave more significance to the quality of feeling in the mother-child relationship. 'Mother-love' became more of an experience, where the desire for physical communication was seen as necessary to the mother's care and, ultimately, the baby's well-being.

One result of this emphasis on the physical relationship was that, during this period maternal and child health professionals gave increasing support for the 'rooming-in' of mother and baby during confinement, something that is now widespread. This was seen as a practical method to promote this physical relationship, since the presence of the baby was thought to quicken maternal feelings of love. That professional literature displayed a concern for the feelings of love indicated that they did recognise motherly ambivalence and that 'mother-love' was not necessarily seen as instantaneous. Material aimed at mothers began advising them that love would eventually happen, but that they should not worry themselves if no overwhelming maternal instinct appeared directly after the birth of the baby. For instance, Penelope Leach, a well-known child-development psychologist and researcher who was read by a number of my interviewees, advised new mothers:

During this settling period don't torment yourselves by expecting love. Love will come but it will take time ... for however defined it [love] has something to do with the interaction between people who know each other (1974: 34).

The focus on interactions between mother and baby would continue and become the most predominant feature of the professional literature in the most recent cohort.

### **Cohort Three: ‘It exists, but it’s familiarity more than anything’**

In the third cohort of women, whose children were born between 1990 and 2004, there was resounding agreement that maternal instinct was something to be ascertained, a process of learning and the result of a relationship. The majority of mothers in this cohort felt that the ability of a mother to know what to do for her baby could not be immediate, saying that time was necessary to ‘get to know’ their child and feel confident about the care they provided. No one spoke of other women or mothers as ‘not having’ a maternal instinct, unlike the two previous cohorts. It seems the propensity for evaluating women as either ‘maternal’ or not disappeared within this cohort.

However, opinions about maternal instinct did not completely move away from a biological, ‘natural’ evaluation of this concept. The physicality of maternal instinct, an ‘urge’ to hold, caress and nurture their infant, was discussed by at least half of the interviewees. While no mothers in this cohort attributed their mothering practices to an innate knowledge, there was a split about the existence of an instinct for ‘cuddling’ and loving.

Mirroring the language of health professionals and childrearing manuals, most interviewees in this cohort used ‘bonding’ as a term synonymous for the ‘loving instinct’ of a mother. In the mothers’ descriptions, cuddling, caressing, holding, and any other kind of physical interaction that represented nurturing fell within this category. Some women believed quite strongly that an instinct to bond with a new baby was common, since they themselves had such an experience. One such mother was 34 year-old hospital nurse Liz, who, when asked about the concept of maternal instinct, responded:

It was such a natural thing for me to want to pick him up and nurture him ... you just want to hold your baby all the time. I had quite an immediate bond with him in that sense.

An urge for physical contact as an expectation of early mothering resonated with the published literature, with physical touch playing a large part of nurturing. Liz considered the urge for contact as ‘natural’, something she did not have to learn. She also seemed to be making a distinction between the physical and practical caring aspects of mothering, particularly with her phrase ‘in that sense’. Learning what her baby needed care-wise was something which she later told me took time and patience.

Liz was not alone in recalling an ‘instant’ or immediate bonding, usually exemplified by a desire to be with the baby, but there were other women who felt uncertainty in the beginning. In a similar fashion to the second cohort, expectations about ‘feeling a rush of love’ proved to be difficult for some of the younger mothers. I heard comments about maternal instinct not being as strong as expected, or, that the mother even felt disappointment. For some women, this either led to a very difficult adjustment or contributed, in their view, to their post-natal depression, something discussed in the last section of this chapter. Usually, the lack of an immediate sense of love or the presence of ambivalence was not so severe. For instance, Julia, a 30 year old teacher, decided instinct was the wrong word. She remembered that her first impression of her son was how odd he looked, and spoke about her ambivalence in the form of questioning, ‘what now, what do we do with him?’ Julia’s estimation was that mothering was ‘a real learning process’.

The conviction that mother-care knowledge was a result of a process was held by the majority of women in this cohort, this being most obviously demonstrated by the description of several women of their childrearing expertise. In contrast to the other two cohorts, many of the younger mothers suggested familiarity as an explanation of why they, as the child’s mother, knew more about their own child than anyone else. The idea of ‘knowing’ one’s child was not specifically put to the women, but several mothers responded to the question of maternal instinct through this notion. Laura, Grace, and Margaret all noted that, while they did possess more knowledge than others – in relation to the fathers, grandmothers or mother-in-laws – about what their

babies' cries meant and how to respond quickly to those cries, they also attributed this expertise to the time spent with the child(ren). According to 23 year old Grace:

I guess I must have it [maternal instinct]. I think I probably have more of an idea than my husband, about her different cries and all that, but then it's maybe hard to say because he's not here and I'm with her, like, twenty-four-seven, whereas he has to work ... but I do have an instinct for her mood and things like that.

The ways of knowing a baby, such as by understanding what different cries mean, or being able to interpret non-verbal signs and behaviours of an infant, were ascribed to maternal instinct in the older two cohorts. Here, the understanding of such things as 'moods' become the result of the familiarity arrived at through many daily interactions. Through the three cohorts, it was this aspect of mothering practices that shifted the most completely. No longer was the biological, physical aspect of being a woman the reason behind knowing how to care for a child; the daily caring that was necessarily part of the mother-child relationship became the source of knowledge in the third cohort.

### **The need for bonding: the view of experts**

While the notion of bonding could be found in the professional literature of the 1960s and 70s, by the period of 1990-2004, it became central to mothering practices. The importance of bonding was supported by the vast majority of experts, as evidenced by their emphasis on it within the literature. The phrases 'common sense' and 'mother-love' previously used were replaced by the term 'bonding', and it was considered to be the most important aspect of early motherhood. The bonding process was thought to encourage the relationship between a mother and her child, and this ultimately replaced the concept of 'maternal instinct'.

The rhetoric of 'bonding' shifted the 'naturalness' of maternal love and knowledge from claims about a maternal instinct being part of the physiological make-up of women – a 'biological force' – to a framework in which it was the physicality of touch that promoted the mother-child relationship. Skin to skin contact, tactile touches and embraces became the language of mother-love. The significance of

bonding became incorporated into the advice of experts regarding breast-feeding, where contact between mother and baby was intimate and prolonged, and it is a topic I return to in Chapter Three.<sup>6</sup> The ‘naturalness’ of close contact between mother and child was something many experts commented upon. Spock pointed out to readers of his childrearing manual that, in more ‘natural, non-industrial parts of the world, most babies are held against their mothers all day long’ (1992: 14). He suggested that a mother try to copy this practice as closely as she could to facilitate the attachment and bonding process. The emphasis on the ‘natural’ aspect of the mother-child bond can be seen in the text, but there was now also an emphasis on the time necessary to accomplish this, since parenthood could be ‘physically, emotionally, and mentally exhausting’ (1992: 16).

Because bonding was thought to require time and to be an ongoing process, not an instantaneous reaction, it could be viewed as a natural urge that facilitated learning. It became more readily accepted that an immediate, overwhelming surge of love might not be experienced by all mothers, and, in fact, was often not the case. Bonding took on a primary role from the first days after a baby is born, but could, arguably, continue indefinitely. Attachment – felt both ways between mother and child – was now considered critical by many professionals involved in child development, as well as by those midwives and health visitors who specifically practised in maternal health. This idea of attachment differed from Bowlby’s attachment theory, prominent several decades earlier in that mothers could suffer just as much from a lack of attachment. Bonding and physicality were understood to facilitate a mutual attachment in the mother-child relationship.

Bonding was perceived as necessary for ensuring that a baby experienced love, particularly from its mother, and this sharing of love paved the way for the relationship. As one infant intensive care nurse noted, children thrived from their mother’s care as the relationship developed, ‘as illustrated by portraits of interacting

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<sup>6</sup> As discussed in Chapter Three, professionals who advocated breastfeeding often listed the emotional benefits as a major advantage over bottle feeding. The skin to skin contact and interactions between mother and child was said to help the mother-child relationship. See for instance the Health Education Board of Scotland’s pamphlet on breastfeeding entitled, ‘Off to a good start’ (2003).

couples' (Watson 1991: 11). As with a love affair, maternal instinct and the mother-child relationship seemed to require an initial spark, but more importantly, needed to be fostered over time with plenty of care and attention. While what was required to initiate maternal instinct was of interest to many professionals, my interviewees appeared to be more interested in how to describe it and how it was expressed.

### **Two strands of maternal instinct**

I have suggested that there were two meanings emerging from the comments on maternal instinct, and most women engaged with both at some level or time. First, there is the definition of 'maternal instinct' as a bond between mother and child, both physical and emotional. Ideas of protection, sacrifice, and focus came into play here, along with notions of an immeasurable love. Many mothers talked of an intense protectiveness felt towards their child that did not extend to other children, as well as the lengths to which they would go in order to provide security. The second strand assumes a certain kind of knowing: about how to care for a baby, how to communicate, and how to respond to needs and wants accordingly. The first interpretation incorporated connotations of possessive, deep-seated emotions, while the second demonstrated a kind of system of care, a surmising and carrying out of routine daily duties that evolves out of a relationship.

The first mode of interpretation of 'maternal instinct' was most strongly demonstrated by mothers responding with professed feelings of protectiveness. Indeed, the view that protection was an integral aspect of maternal instinct was spoken of by all the interviewees. For some of the women, there came a comprehension quite early in the mother-child relationship that, as a mother, they were the protector of such a dependent being. When Harriet, 75, recalled the onset of a sudden realisation that a person was 'totally dependent on you', she also felt that it was her responsibility to provide protection. Many mothers told stories about realising that they would be prepared to 'do someone bodily harm' if it defended their child from danger. Some mothers told me their emotions of protectiveness could seem irrational even to themselves, such as when 45 year old Emily realised



she ‘would kill’ for her daughter, 10 months old at the time, after hearing a gruesome news story about a similarly aged baby.

The language of protection as used by the interviewees became connected to two other elements, ‘sacrifice’ and ‘possession’. Sacrificing oneself could be expressed through physical acts of protection or care-giving, emotional ones of love and time, or even financial gestures for the sake of the infant’s well-being, but they all involved putting the baby first. An extreme example of physical sacrifice came from 79 year old Donna, from Glasgow, who responded to my enquiries with a story involving almost superhero-like reactions:

I think, it’s [maternal instinct], well, I can remember flinging myself across the pram when there was a golf ball coming out of some direction, and later thinking, ‘crikey, I didn’t even hesitate pushing myself towards that ball’. And that’s sort of a, a concrete example of maternal instinct.

Beyond a physical protection, mothers frequently talked of a willingness to do anything for the child. Changes in priorities and lifestyles, discussed further in Chapter Eight on transformations and relatedness, took place for the benefit of the child. Sacrifices of the body, of time, and emotional and mental energy were all part of protecting the child.

Protection could also be inspired by a sense of pride in possession, ranging from amazement that the baby ‘is mine, I made this’, as expressed by a 33 year old solicitor, Sally, to the more intense emotion of jealousy. Pride in ‘possessing’ their infant, I suggest, was connected to ‘belonging’ as it occurs in many English kinship idioms. The mothers ‘made’ an inclusive member of the family, someone with whom much sharing and exchanging will take place not only in practical terms, but in emotional ones as well. Giving birth to a child provided a mutual belonging for mother and child, and ownership came through not only the genetic link but also through effort of care (Edwards and Strathern 2000).

The jealous aspect of possession was not so much a direct envy of other people, mothers, or circumstances, but about the attention, the physical contact and time

spent with their baby. Julia, a secondary teacher now 31, told of her experience of these feelings:

Things like when Jim's [her partner] mother was down, and his sister and his aunt, and they were all having a hold, and it got to the point where I wanted to say, 'Give him back, he's mine. I want to hold him'. I get that every sort of now and then...

Julia went on to say that usually she was quite happy for someone to take her baby 'off her hands', at least for a short while, but she felt like this [possessive] when many people were 'hovering' around her son. Although Julia did not explicitly use the word 'protective' in relation to these feelings, I interpret her reaction to the event of numerous people having physical contact with her infant as such.

The craving for physical contact is another component in this emotive interpretation of maternal instinct. Many mothers described a desire to look at, touch, and hold their infant when asked about whether or not they felt maternal instinct existed, these urges being something the professional material referred to as 'bonding'. Being content 'to just be with your baby, cuddling or what have you' was how Sharon, a non-professional mother of 29, described her 'instinct' for physical attachment with her child. To her, maternal instinct meant that she not only loved her child, but loved spending time with him.

Spending time with and getting to know one's baby can be seen as the connecting link between the versions of maternal instinct. How this link became manifest in the narratives could differ amongst the women. For instance, either a mother felt an 'instinctive' love and sense of protection for her child which motivated her to perform the daily tasks that would create knowledge, or the performance of daily tasks of caring would go on to establish a loving relationship between mother and child. It was not uncommon for women to attribute their love to instincts, but to see the knowledge as a learning process, such as when Charlotte, a 54 year old primary teacher, explained how her instinct was to love her baby as best she could, 'but [my] genes didn't tell me how. It's not born, but is learned'.

Alternatively, other mothers felt that love was not something experienced immediately, despite any feelings of protectiveness, but instead was something borne out of the multiple and intense interactions between them and their child. 43 year old consultant, Rachel, summed up the merging of these two strands in her response to the concept of maternal instinct, where emotional attachment was not a given, but came from daily life:

Maternal instinct ... is like a love affair. Whether or not it starts with an instant attraction, it develops and grows and deepens with time...And it took me, I went through the motions of caring for him [her first child], but I did not go that extra mile in terms of love and affection ... but the relationship built up. I adore my children now, but I couldn't say that about them when they were born.

Penelope Leach, an expert discussed earlier in the chapter, also put forth this view as she advised mothers that love happens 'through interactions between two people in a relationship', and these interactions 'build a body of information for the mother' (1974: 43).

Interpreting maternal instinct as a way of knowing was also related to how comfortable women were in making decisions about care and how they went about establishing a workable routine of that care from their knowledge. Maternal instinct was sometimes taken to mean self assurance and clarity on how to handle babies and children, as when a mother knew how she wanted things done regarding childcare. Practical judgments and a lack of indecision played into this definition of maternal instinct, since the more actions were carried out, the more comprehension a mother could gain from information and experiences. If basing judgements and actions on precedents – what experience is supposed to help us with – yielded success, confidence would grow as a result.

The importance of accumulating skills and confidence in mothering practices was demonstrated by the number of mothers who told me they were 'much more confident' when caring for later children. Many times I heard a mother tell me, 'it was much easier with the second child'. Sarah, a 34 year old teacher, told me that because she felt less anxiety about her care of her second daughter, she listened to

her ‘gut instincts’ more often, with satisfactory results. In fact, the development of one’s ‘instincts’ or learning to listen to oneself was something many women associated with confidence and experience. Thus, maternal instinct as an exemplar of knowledge could be learned, and self-taught. Moreover, if a mother felt as though biology did not provide her with an instinct immediately after giving birth, through care and interactions the kin relationship could be nurtured. 52 year old Lorna commented

I most definitely I developed my own instinct, if you like. There is a feeling, and you just have to, sort of, do it by the seat of your pants, and you teach yourself and pick up things along the way.

If the lack of an ‘instinct’ for mothering became personalised, and therefore, to some degree, instinct was obtainable, what else might prove problematic in the return home with a babe in arms? For several of my interviewees, post-natal depression became an unforeseeable hindrance in the development of instinct, experience, and confidence.

### **Not just the ‘baby blues’: post-natal depression**

Mothers’ expectations about an instantaneous sense of love and connection, or a sense of capability, were not always met. More commonly, in the words of the mothers, they ‘muddled through’, ‘got on with it’, or ‘felt the way through’. Such phrases pointed towards the mechanism of coping, in which difficulties were part of the fabric of experience. For four of the interviewees, the feeling of being overwhelmed, distraught, or like they were ‘failing’ to adjust to motherhood undermined their ability to cope. Regardless of whether or not it was with their first child, these women talked about varying degrees of post-natal depression.

All of the mothers who dealt with post-natal depression told me they did care for their infant. However, the weight of expectation surrounding their ability to bond with their baby and to feel a strong love and affection – to *feel* like a mother – while simultaneously trying to work out how to provide care – to *think* and *act* like a mother – became problematic. Because they felt such expectations rested solely on

them, the adjustment of coming home became a lonely and stressful affair. At the time, they felt there was no one to turn to while they attempted to adjust to the new situation of a first or additional baby. They described this isolation as connected to a lack of support of and knowledge about childrearing, and as a feeling of segregation, where they were left on their own to bond with their child. 43 year old Rachel, whose first child was born in 1990, said her post-natal depression began after ‘a very tiring birth’ where she felt ‘uncertain’ of everything afterwards:<sup>7</sup>

It [the birth] wasn’t as I hoped. He just kept crying, and I felt nothing for him. I mean, I didn’t want to harm him or anything, but I just felt, ‘ugh’, flat ... and then being at home, I just wondered, ‘what have I done’? I felt really overwhelmed and unprepared, which contributed to the whole post-natal depression thing.

Rachel continued by saying that, while she considered her husband’s help and participation as ‘really very good’, because she was the mother she still considered herself to be responsible for the initial love and parenting experiences of her son. I address changes in lifestyle, space and time more fully in Chapter Eight, but here it is important to highlight that, despite Rachel knowing that other people were involved in her and her son’s life, her impression of being solely responsible was oppressive. Sharon, 29, echoed this sense of immense responsibility, saying the adjustment to motherhood left her ‘feeling insecure’ as to whether or not she was a ‘natural mother’. Both of these women, along with the other two mothers who discussed post-natal depression, had a need to feel and think and act like a mother *ought to*, but were not confident as to how to go about this, thus causing themselves more concern over whether they were ‘maternal enough’.

Sharon continued by saying that she resolved her insecurity by reminding herself that if all was not well or she was not doing ‘everything right, the health visitor would be along shortly to help’. The health visitor represented an anchoring figure, one who could be relied upon to point out mistakes, demonstrate methods of caring for a baby,

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<sup>7</sup> It seems that for some women a connection could be drawn between the birth experience and the subsequent feelings associated with post-natal depression. Both Sarah and Rachel described their births as very difficult, requiring a longer period of recovery than anticipated. Also, Sarah’s pregnancy was complicated as she suffered from hyper emesis (excessive nausea and vomiting). This had such an impact as to cause her to question whether she will have any more children. However, due to the relatively small size of this research project, I feel the connection between expectations of pregnancy and birth and ensuing (difficult) experiences to be an inconclusive proposition.

and perhaps give a few words of comfort. Indeed, in all four women's accounts of post-natal depression, the health visitor played a pivotal role in its recognition and in any efforts of resolution. As described in the opening section of this chapter, many new mothers grew accustomed to being looked after by professionals, both before and immediately after the birth, and the loss of such attention provoked stress and anxiety. These women expected mothering to come to them 'naturally', often in some form of maternal instinct, so that the situation of not 'coping' or feeling like a mother became a kind of failure. All four interviewees said they did not fully concede that they were suffering from post-natal depression until the health visitor suggested or diagnosed it. But having a health professional address and accept it without judgement allowed the women to begin dealing with the disruptions of their expectations of mothering.

With only four interviewees revealing themselves as having had post-natal depression, I can only draw tentative conclusions for the cohorts. Yet there is one difference seemingly dependent upon the decade the mother gave birth, that being the professional reaction after an initial diagnosis. Charlotte, 54, had her children in the early and mid-1970s, and faced post-natal depression after both births, the second time being described as 'much worse' than the first. Her health visitor was 'sympathetic', encouraging Charlotte and reassuring that her motherhood was difficult and that she was 'not alone'. Her General Practitioner was less understanding:

...and the health visitor was very good, she was sympathetic. She said, 'go and see the doctor'. And the GP said, 'My wife and I had twins. They took it in turns to cry. We coped – go home and cope'.

To Charlotte, hearing these words only served as reinforcement of her feelings that she was failing to be a mother in some way. And while she appreciated her health visitor's sympathetic attitude, there was still no course of action discussed or any ideas offered as to how to overcome the depression.

34 year old Sarah's experience, with two children born in 2000 and 2002, was in sharp contrast. She only experienced post-natal depression after the birth of her first

daughter, and described it as ‘not severe, just a constant melancholy’. Her biggest complaint was a lack of focus and energy, so that she felt she was continuously behind in getting things done for her baby, herself, and her house. Sarah said this anxiety began in the hospital, and by the time she had been home for a few weeks, her health visitor asked her to fill out a questionnaire that helped to determine that she had a ‘mild depression’. Instead of being left to decide by herself how to pull out of the depression, Sarah was given a variety of suggestions of mothering clubs, exercise routines, and daily plan-making.<sup>8</sup> This difference in the help received after the identification of post-natal depression can be partially attributed to the increase of available resources for all mothers. Moreover, a larger number of women in each subsequent cohort were willing to admit that the fact of giving birth to a baby did not ensure an immediate ‘rush of love’. Increasing recognition within the expert literature that love could not be expected to be immediate also occurred in each subsequent time period. Therefore, these factors worked together so that, by the most recent time period, there was a greater acceptance and consideration of maternal ambivalence and post-natal depression amongst both mothers and professionals.

## **Conclusion**

Irrespective of the woman’s expectations of childbirth, the experience of returning home and beginning the mother-child relationship very often proved tumultuous. Many mothers both looked forward to and were anxious about being left as the primary care giver of their child after months of being under the care of health professionals. The lack of experience and weight of responsibility meant that the majority of mothers questioned their early mother-care practices. The origin of a mother’s ‘ability’ to care for a child differed in the narratives, both by cohort and individually.

‘Maternal instinct’ as being located in the biological, physical self was heard overwhelmingly in the immediate post-war cohort. Maternal instinct here was

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<sup>8</sup> I explore the mothers’ relationships with each other and the perceptions of these interactions in Chapter Eight.

connected to the fact of being female, and although ‘proper’ women possessed an instinct, it was not universal. Maternal instinct was a quality or skill a mother *ought* to have, but could in fact lack. Indeed, no one in the first cohort discussed learning to be a mother. It was in this aspect that the women’s narratives diverged from most of the professional’s opinions about maternal instinct, for while experts viewed maternal instinct as a ‘powerful force’ that led women to be protective, nurturing, and wholly suited to taking care of a baby, it was not always enough. The professionals had a duty to help educate mothers, for maternal instinct was not enough to make redundant the necessity for improvements in maternal and child health.

Maternal instinct continued to be seen as somehow embedded in the physical body in the 1960s and 1970s. Many in this cohort still described it as something that most but not all women possessed. However, there was increasing concession that it could stem from nurturing as well as ‘nature’. There was a somewhat contradictory view prevalent in the narratives that the instinct to love the baby was supposed to be there, triggered at birth, but that the knowledge of caring practices was something that needed to be gained over time. This contradictory view was mirrored within the professional literature, where a kind of physical ‘common sense’ and love was discussed as something expected, but a healthy mother-child relationship was viewed as requiring time. As more professionals took this view about physical contact and love, it became more acceptable for new mothers to need time to feel full affection for their baby.

The need for physical contact to aid in the establishment of love between mother and child was something both the interviewees and professional literature advocated in the third cohort and time period of 1990 to 2004. By this time, ‘bonding’ became how maternal instinct was initiated and expressed. Skin-to-skin contact and prolonged periods of touching, holding, and caressing an infant was viewed as critical. Many mothers in this cohort told me that, while mother-care practices and methods must be learned, the urge to hold and touch their infant was strongly felt soon after the birth. It was more common for mothers to talk about ambivalence in



their feelings towards their baby, and the uncertainty many mothers described was not depicted as a lack of maternal instinct. In the professional literature of this time, the experience of love within the relationship was presented as overwhelmingly important for mother and child, and most publications aimed at mothers discussed at length the issue of bonding and mothers 'enjoying' their babies.

To feel, act and think like a mother involved both the proper and expected ties of affection and protection, as well as knowledge about mother-care practices. Therefore, according to my interviewees, both the 'given' connection between mother and child and the everyday interactions that lead to familiarity and confidence play a part in becoming a mother. Yet, for many of the women interviewed, maternal instinct was given credence as something particular to mothers; it was somehow contained within themselves or part of their natural 'make-up'. In the next chapter, ideas about what proper, 'natural' mothers should do for their babies is pursued further through the topic of infant feeding.





## Chapter Three.

### The Nature of Infant Feeding

*But the breastfeeding was hellish. I really had problems feeding her...I don't think it's normal to find it really easy...but no one said how difficult it was. I was up and down to the hospital for help, the breastfeeding clinics, and my sisters, for six weeks...that was a long time to persevere. I probably would have given up [breastfeeding], but I was determined to have a breastfed baby...I do think that it's best, and it is easier. It is lovely, it really is (Sally, 33, mother of one).*

One of the most common subjects touched upon in the mothers' narratives was the difficulties surrounding infant feeding. The immediacy and importance of feeding a new baby lead most mothers to feel an intense responsibility for her infant gaining weight and being evaluated by professionals as 'healthy'. Throughout the narratives, which method the mothers chose seemed to matter little to the emotional resonance of the associated memories, and many women's impressions of this aspect of childrearing came across strongly. In this chapter, I trace the mothers' experiences of infant feeding during the first few months of the child's life and the related problems, issues and recollections that were involved.

The mothers' narratives focused on two main issues of concern. First, there was the question of which method would be used, breastfeeding or bottle feeding, in their child's daily care. Despite any variation between the three cohorts concerning how the mothers remembered infant feeding and how they reacted to any complications, the number of mothers I interviewed who at least attempted to breastfeed changed relatively little across the three cohorts. Indeed, I argue that breastfeeding lost little ground, either in the opinion of the narrators or in the writings by the professional health community.<sup>1</sup>

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<sup>1</sup> For instance, even in a 1951 child development article addressing trends of infant care in America the author noted that, 'in the early stages of the survey was the finding that the controversy [between

Women in the immediate post-war cohort perceived breastfeeding as a method that was 'just done'. Mothers in the most recent group were also overwhelmingly committed to breastfeeding, but in contrast they carefully considered the advantages and disadvantages associated with breastfeeding and alternative methods. Only a few of the mothers who had children in the 1960s and 70s demonstrated a more enthusiastic attitude towards bottle feeding.

The second issue was the way in which the feeds were to be structured, either with a four-hourly schedule or with a more flexible 'demand' system. The changes in approach to the timing of daily feeds displayed a clear and gradual shift in the narratives. All of the women in the first cohort followed the four-hourly routine and the youngest mothers all employed a form of 'demand feeding'. In the second cohort of mothers, whose children were born between the years 1961-1980, a deviation emerged between the women's narratives and the professional material, as most women adhered to structured feeding for longer than was advised in the manuals and professional journals. This is possibly because, as women from all three cohorts recalled, questioning the methods they used and their suitability for their children, the four-hourly feeding schedule could be perceived as more stable than the open-ended uncertainty of the 'on demand' system.

Not only were the women's individual preferences taken into account in the decisions made on infant feeding, but so too were the expectations within professional discourses. The possibility of infant feeding becoming an emotionally laden experience increased when the hopes and plans of a mother became disrupted by early problems. It is important to point out that the difficulties associated with feeding, such as those discussed in Sally's narrative above, occurred at a time when the mothers were adjusting to the demands, constraints and experiences of new motherhood, and, as documented in Chapter Two, experiencing feelings of confusion, vulnerability, and a general lack of confidence.

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breastfeeding and bottle feeding] really represented a one-sided discussion, with the majority of writers exhorting mothers to nurse their babies' (Vincent 1951: 200).

Within the professional literature, there was a notable and enduring enthusiasm for breastfeeding over the whole period of 1945-2004. The acceptance of bottle feeding increased through the decades, from the immediate post-war years when manuals often omitted any mention of formula feeding to the 1960s and 70s when detailed instructions on the sterilisation process were given. However, the gap between the women's experiences of infant feeding and the professional discourses becomes evident in the lack of extensive discussion surrounding the emotions, complications and hardships of breastfeeding in much of the expert material. There was also a clear shift in the views of professionals about the scheduling of infant feeding. While in the 1945-1960 period professionals largely advised mothers to adhere to a four-hourly schedule, by the 1990s, professional opinion advocated a system of demand feeding, at least in the early months.

In this chapter I argue that out of all the caring tasks of childcare feeding was the most closely aligned with issues of what was considered to be 'natural' because of its perceived connections to nurturing emotions and mother-love.<sup>2</sup> Threaded throughout discussions of infant feeding were various conceptualisations of 'nature'. In the mothers' narratives, 'natural' was often used to highlight that breastfeeding, unlike bottle-feeding, did not rely on man-made efforts. This might suggest that some of the perceived 'naturalness' of breast milk is quite recently constituted in opposition to the increasing production and distribution of artificial formula. References to 'effort' in connection to bottle feeding and its necessary sterilisation were found in much of the professional literature and the women's narratives as well. The relationship between the uses of 'easy' and 'difficult' was complex, with varying meanings and applications of both terms, and either could be stressed depending on the context. Often, the word and idea of 'easy' was intricately and complexly linked with the meanings and implications of 'natural'.

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<sup>2</sup> Susan Bordo also makes this point, stating 'food is equated with maternal and wifely love in our [American/Western] culture' (2003: 122).

### **Cohort One: ‘I Just Assumed’**

In the first cohort, whose children were born between 1945 and 1960, women assumed breastfeeding to be the natural way a mother fed her child. The women’s assumptions that they would breastfeed were qualified with remarks such as ‘in those days most women breastfed’ and ‘it was more or less taken for granted that you would breastfeed’. The persuasiveness of these assumptions seemed to lie in the rhetoric of the health professionals, particularly in light of the fact that few of the women in this cohort read any childrearing advice materials. Overwhelmingly, the opinions and examples the interviewed mothers encountered were from interactions with the health care professionals, or from their own familial experience. As 84 year old stay-at-home mother Judith instructed me, ‘there wasn’t time to go find manuals’. Therefore, the voice of the professionals in medicine became dominant, with little access to debates or opposing viewpoints available to the women. In addition, most of these women were born in the 1920s and they themselves were breastfed, with several witnessing younger siblings being breastfed by their mother.

The assumption that one would breastfeed, however, did not necessarily indicate a strong desire to do so, and suggests the ‘choice’ was actually one they felt compelled to make. Although most of the mothers did not go into great detail about *why* breastfeeding was superior to bottle feeding, they did talk about the pressure to breastfeed in the context of its perceived basis in nature and its nutritional value. Helen’s experience illustrates the appeal of breast milk as a better method nutritionally. She struggled to breastfeed her first baby, and while pregnant with her second child decided to bottle feed from the start, as breastfeeding was ‘too much trouble’. Yet after her second child’s birth in 1957, Helen felt compelled to change her plans:

Because I had problems feeding my first baby ... I was quite determined I wasn’t going to breastfeed ... but she was so tiny, she only weighed five pounds and something, I felt I didn’t have an alternative.

Despite her earlier experience of blistering and subsequent use of complementary bottle feeds, she went against her initial plan of bottle feeding. Her baby being underweight meant artificial formula was not an option for Helen, presumably due to its inferior nutritional value. Formula was acceptable for a healthy baby if necessary, but was not the best way to mother when a baby's development was in question. When Helen's decision to bottle feed came up against the lower birth weight of her daughter, the nutritional value of breast milk overrode the lack of desire to breastfeed.

The pressure to breastfeed as described by some of the mothers in the immediate post-war cohort can be connected to the strong legacy of Britain's maternal and child welfare movement of the 1920s and 30s. The movement actively urged mothers to breastfeed their infants in an effort to curb the epidemic levels of diarrhoea that flared during the summer months, killing thousands of babies within a few weeks (McCleary 1935: 6). In part, because artificial formula required a concerted effort to sterilise it, a push for breastfeeding continued, and thus a responsible mother was expected to breastfeed.

The push to breastfeed made some mothers feel coerced. Mairi, whose first two children were born in 1958 and 1960, remembered feeling so pressured to breastfeed her second child that she chose the method against her initial wishes. Due to financial difficulties, she returned to outside employment a few months after each child's birth, subsequently switching to the bottle in order for her mother to feed the children when looking after them. Like Helen, before the birth of her second child Mairi decided that she would use the bottle from the beginning. After giving birth, she encountered pressure from the hospital midwives to change her mind and breastfeed:

There was a great thing for breastfeeding when my first two were born, I think it was just a natural thing ... With [her second child] I had decided I didn't really want to breastfeed, but, just for peace and quiet, I breastfed for the week I was in hospital.

At first, Mairi did comment on the naturalness of breastfeeding, but this was contained within the discussion of the professionals' advice and opinions. Further into her narrative about infant feeding, although she continued to categorise breastfeeding as the



‘natural thing’, it did not represent the only way in which to feed one’s infant. She stopped breastfeeding once home in order to let other family members assist in the care of her two children. For Mairi, the needs of family life relieved any guilt over using bottle feeding: nature could be relegated to the background when circumstances made it troublesome or less easily accommodating to the overall care of the child.

Others in this cohort experienced regret or anxiety when, for various reasons, they turned to artificial formula. ‘Unsuccessful’ breastfeeding often caused stress for the mothers because this represented a disruption in their expectations of proper mothering. After the birth of Donna’s first child in 1957, her initial breastfeeding experiences were negative, as the matron was felt to be too forceful and abrupt when trying to establish feeding. This led to her only attempting to breastfeed for a week or two upon returning home. Donna’s son suffered from colic, and she explained that her tension when approaching breastfeeding – which she attributed to her hospital experience – was transferred to her baby, causing the colic. This quickly led to her changing methods, even though she then categorised herself as ‘failing’ to breastfeed. Donna’s perception of her breast milk transmitting her stress and causing her son’s colic, and her consequent use of the bottle, left her feeling ‘irresponsible’.<sup>3</sup> She considered herself as having ‘given up’ when it came to breastfeeding.

Donna’s idea of what a natural, proper mother would do for her child was disrupted by the breastfeeding problems and the resulting anxiety. Equally important in her story was the realisation that breastfeeding was not always ‘easy’, a point mirrored in the narratives of other mothers who did not manage to breastfeed for as long as they would have liked. Donna’s stress was compounded by her surprise at the amount of help she both wanted and needed, and she commented that during this time she ‘felt like a

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<sup>3</sup> While Tapias’ study of local understandings about breastfeeding in Bolivia took place in the late 1990s, it is antithetically interesting. In the case of a mother’s negative emotions being perceived as causing illness in her breastfed infants, a mother is then ‘irresponsible’ if she does not switch to the bottle in order to prevent further trouble (2006: 84).

nuisance'. She expected breastfeeding to come 'naturally', so that her need of assistance became evidence of her of a lack of motherly inclinations.<sup>4</sup>

Half of the women in this cohort began using artificial formula within a few weeks of returning home from the hospital due to difficulties with breastfeeding coming 'naturally'. While they all initially breastfed, the hardships they experienced caused these mothers to switch to bottle feeding in order to make life easier. In other words, nature's way was not always classified as 'easy'. Allison's narrative revealed the contradictory ideas about the relative ease attributed to both methods of infant feeding in different contexts. Although she breastfed the first four of her children born between 1952 and 1962 without incident, she began using the bottle with her fifth child, resulting in rather inconsistent definitions of 'easy'. Of her breastfeeding experience with her first four children, Allison remarked:

... you must get help [with breastfeeding]. It's not as easy as people think. They think its all natural, but it's not, it's quite hard ... And with travelling – I had to travel back and forth to Ireland – and I'd put the baby in the travel cot, a couple of changes of nappies, and that was it. Dead easy.

Within the space of a few sentences, Allison first tells of the help that was needed in order to breastfeed, because it was not 'easy', regardless of what people may assume. She went so far as to reject, upon reflection, breastfeeding as natural due to it being 'quite hard'. Yet Allison then turned to the practical side of feeding, commenting that, because breastfeeding made travel less awkward, it was 'dead easy'. The process of and technicalities involved with breastfeeding made it difficult, but the practical aspect in relation to mobility reinstated the quality of 'ease'.

Further into her narrative, we encounter another use of the concept of 'easy'. Due to another child's illness after having her fifth baby, a midwife suggested Allison use the

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<sup>4</sup> It is interesting to note that Donna was one of the last women within this cohort to give birth, with her first child born in 1958, and she voiced the most regret and anxiety about unsuccessful breastfeeding. It was by this time that childrearing manuals were beginning to become more widely-read, and Donna remembered reading and attempting to follow Dr Spock, whose advice is discussed later in this chapter.

bottle so that other family members could assist with feeding, thus making it 'easier'. When asked how she remembered the two methods as compared to each other, Alison agreed that, considered in this light, bottle feeding made 'life a bit less demanding of me'. But she went on to tell me that not only did she enjoy breastfeeding more, but that she was 'a bit disappointed about [not breastfeeding], really, even though she was my fifth [child]'. However, because she had breastfed four other children 'successfully', Allison could accept the bottle with minimal stress, confident in her ability to provide nutrition to her last child. Yet in the next section, it becomes evident that no amount of experience or confidence resulted in a deviation from the recommended infant feeding schedule in this cohort's mothering practices.

### **By the Clock**

In contrast to the question of which method to use for feeding their infant, all of the women bearing their children between the years of 1945-1960 fed their infants according to a four-hourly schedule with little debate. It seems the concept of 'on demand' feeding, which would dominate the latest cohort's methods, was not even conceived of in the caring practices of this early cohort, probably due to the lack of discussion about this approach amongst mothers or the health professionals. As Judith, 84, explained, 'during those days, why would anyone choose something that wasn't even discussed?'

Indeed, none of the interviewees in this cohort queried the four-hourly schedule in the same manner as breastfeeding; with breastfeeding, several women eventually employed the use of bottles at home because of various problems, but in the case of rigid feeding schedules, no mother let the structure deviate by an hour or two, according to their recollections. More importantly, in this cohort, none of the mothers expressed the desire to relax the structured feeds. Helen even dismissed the current trend of 'on demand' feeding, saying 'how could it work, you would never know what you were doing'.

The idea of knowing one's schedule for the day because of the four-hourly feeding routine was echoed in several women's narratives. It seems that one reason no one considered trying a 'natural' approach – which was how many later mothers explained 'on demand' feeding – was because it was not recommended by health professionals. It could also be explained by the idea that children were expected fall in with the adult's timing and way of life, as I discuss in Chapter Four.<sup>5</sup> Judith, 84, who stayed at home with her children, told me that 'they just fitted in the four-hourly feeds ... and with our habits'. An unstructured day – a day without the four-hourly feeds – could lead to stress that would affect proper mothering. 76 year old Jean proudly told me that her children were so completely set into a routine that, 'you could set your watch by them'. This confirmation of successful scheduling made Jean content with her infant feeding, for it was what was anticipated. The imposed structure became expected as the natural way of timing for infant feeding. I return to the issue of why structure was advocated shortly.

What was expected as 'natural' in the narratives of this cohort – breastfeeding and the structured, four-hourly timing – reflected medical discourses. In this cohort, there were no comments about 'loving' breastfeeding or the connection felt between mother and child as a result of it, yet the mother's recollections still spoke of disappointment and anxiety when discussing the replacement of breastfeeding with bottle feeding. This was not simply related to concerns for nutrition, but also to ideas about natural, responsible mothering. In contrast, the four-hourly feeds caused little consternation and did not evoke poignant recollections about responsible mothering. Turning to the health professionals' discourse of the same time period, I explore the attitudes and explanations behind these two naturalised methods of infant feeding.

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<sup>5</sup> In Western cultures, time management is considered an important and responsible trait in adults in general, and particularly in employees. Thus, in Daly's (1996) examination of the connections between culture and the ways families and family members conceive of, organise and interact with concepts of time, she notes that 'parents have a responsibility to provide guidance to the next generation. To this end, children's time is actually highly structured, monitored, and controlled by the timetables set up by adults' (1996: 187).

### **Immediate post-war expert opinions: ‘a baby’s birthright’**

The overwhelming majority of the professional literature dealing with infant and child health written during the immediate post-war years advocated breastfeeding as the proper method for feeding an infant. Childrearing experts assumed mothers would breastfeed if at all possible. There was no discussion as to which method might better suit different mothers or circumstances, or any comparison of their relative advantages. Many of these concerns were for children receiving adequate nutrition, and breastfeeding was regarded as the superior way to ensure a baby’s health. For instance, a midwives’ textbook instructed its future health professionals that breastfeeding was of ‘vital importance to a child’s health’ (Mayes 1947:246). The term ‘vital’ emphasised the imperative for breastfeeding, giving mothers responsibility to safeguard their child’s nurturing.

The notion of breastfeeding as proper nurturing in the view of experts was grounded in the perceived importance of breast milk’s origin – the mother’s body. I discussed in Chapter One woman as ‘natural’ in the context of the nature/culture dichotomy, and this association underpinned the discourse of infant feeding. The argument of breast milk as the perfect food for a baby constantly returned to the rhetoric of breastfeeding and breast milk as ‘natural’. Within both inter-professional and parent-directed materials, descriptions of breast milk as ‘clean’ and ‘pure’ were frequent. The use of such language to demonstrate that breast milk was ‘natural’ when compared to formula relied upon social constructions of ‘nature’, highlighting that it was not reliant upon or tainted by human intervention. ‘Natural’ can be framed in opposition to ‘artificial’, ‘man-made’, ‘abnormal’, or ‘culture’, and all of these contrasts were intertwined with conceptualisations of breastfeeding and breast milk. Advocates of breastfeeding, such as the National Baby Welfare Council, told mothers that it was ‘the right and natural thing to do’, and the fact that breast milk is a substance of the human body, gave it a physical and moral superiority, being described as ‘nature’s way’ of infant feeding (1944: 9).

Two popular authors of the time, Dr John Gibbens and Dr Truby King, exemplified this ‘natural’ conceptualisation of breastfeeding and breast milk in their childrearing texts aimed at mothers. Dr Gibbens, a physician who wrote *The Care of Children From One to Five Years*, wrote:<sup>6</sup>

... Breastfeeding is the natural way to rear an infant. Mother’s milk is adapted to her baby’s needs, and indeed breastfeeding is the baby’s birthright (Gibbens 1948: 44).

Truby King, a New Zealand health reformer and Director of Child Welfare, whose writings were popular in Britain, used much the same language and reasoning:

A woman’s milk is not her own. It is created for the baby, and the first duty of the mother is to ensure a proper supply of the only perfect food – the baby’s birthright. Hence every mother should if possible fulfil her maternal duties (King 1946:56).

The language used of ‘a baby’s birthright’ is powerfully directive on several levels. In its multiple definitions, ‘birthright’ can mean inheritance, legacy, heritage, or entitlement. The ‘birthright’ taken in conjunction with ideas about what is ‘natural’ suggests the conclusion that breast milk was expected to be, as per the norm, a baby’s entitlement. One might infer that through the professionals telling women that their breast milk was their baby’s birthright, a kind of ownership was being asserted of the mother’s breasts – and by extension, her very body – by the baby. This conceptualisation of ownership can be viewed as connoting not only the transmission of property, but also a transmission of substance.<sup>7</sup> On the most physical, obvious level, the right to a nurturing substance for health was invoked, but additionally, breast milk as a baby’s possession of its mother as an exercise of kinship was implied. Duty to provide nutrition was conflated with a mother dutifully giving of herself to her child, and breastfeeding was the means of this nurturing.

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<sup>6</sup> Dr Gibbens worked in the area of children’s health throughout his career, as he was a Medical Officer to the Babies’ Club in Chelsea, the Chief Assistant to the Children’s Department at St. Thomas’s Hospital and the Infant’s Department, Queen Charlotte’s Hospital (Middlesex University resource by Andrew Roberts, Family Books section: [www.mdx.ac.uk/WWW/STUDY/familybo.htm](http://www.mdx.ac.uk/WWW/STUDY/familybo.htm)).

<sup>7</sup> Because breast milk comes from the mother’s body, it can be considered as a ‘natural’ substance. This is another example of the conceptualisation of a mother and her child sharing bodies. For a more detailed discussion on substance in relation to kinship, see Chapter One.

It is interesting to note that, during this immediate post-war time period, the professionally-authored literature made many more references to breast milk than the mothers' narratives. Perhaps because of this emphasis on breast milk as the 'product', relatively little attention or discussion was devoted to the possible problems or issues related to the process of breastfeeding.<sup>8</sup> While my interviewees did speak about breast milk purely in nutritional terms, their concerns were primarily about being able to breastfeed in their daily lives. Thus, although the women's narratives did fit with the professionals' advice regarding the method of breastfeeding, a gap existed between the theoretical and the practical aspects of the process. However, no such gap was present when looking at scheduled feeds.

### **Disciplined Feeding**

During the second half of the 1940s and the 1950s, feeding infants according to a four-hourly schedule was the primary advice given by health professionals to mothers. The adherence to rigidly scheduled feeds was a continuation from the first half of the century when scheduled feeding was commonly thought to control and prevent digestive illnesses (Millard 1990:215). The only concession to flexibility was when mothers were told they might begin their four-hourly schedule at different hours in the morning, so long as the intervals did not vary thereafter. Such a schedule for feeding was related in part to the mood of the immediate post-war country, where much of the emphasis on rebuilding the nation called for a regulated lifestyle. 1940s Britain has been called 'the age of austerity', with control of materials and rationing increasing (Zweiniger-Bargielowska 1994: 174). Food rationing remained and even grew more stringent, not ending until 1954. The Utility scheme, aimed at enabling more resources – such as cotton, rayon and wool – to go towards the war effort and to control effectively the

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<sup>8</sup> For more on the distinction between breast milk as a product and breastfeeding as a process, see Penny Van Esterick's (1989) analytical discussion.

prices of ‘made-up’ clothing, was implemented in 1941 but also continued after the war (Wadsworth 1954).

Such ideas of restraint, control, structure, self-denial and austerity could arguably be seen in the advice of childrearing experts calling for infants to be moulded into a four-hourly feeding schedule. For example, a Medical Officer of Health in Colchester admitted that, for mothers, ignoring an infant crying for more food might be difficult, but it was a normal demonstration of the conflict between the parent’s needs and the child’s wishes, an issue of morale: ‘If the parents weaken, they lay up trouble for both the child and themselves’ (Kershaw 1949: 85). While I explore the ramifications of training a child in daily habits, both practically and socially, in Chapters Four and Five, it is important here to point out the connection between adults having to discipline themselves in daily life and their instilling a routine upon their babies.

By not giving in to the child’s wishes, many professionals explained, the mother was educating her infant from the beginning about a way of life. The mother had to keep her child’s future in mind when denying his present wants, and the word ‘demand’ completely clashed with concepts of how a baby should be trained. Yet, regimented feeding shaped not only the child’s schedule, but the mother’s as well. As Millard points out in her examination of the medical rationale behind paediatric advice, clocks symbolise discipline, regularity, and human effort, thus feeding schedules ‘focus women’s attention on the clock and advice from biomedical experts, implying her own bodily signals ... are not to be trusted in establishing patterns of breastfeeding’ (1990: 211).

The mutual disciplining of both mother and child, therefore, can be viewed as an attempt to contain ‘natural’ mothering; a way of subduing nature under more rigid instructions delivered by the professionals. Maternal instinct was supposed to lead women to breastfeed, but it was not enough to ensure the future character and health of the infant. As Truby King instructed his readers, babies were to be ‘fed every four hours from birth,



with few exceptions' (1946: 5). King's rebuke that 'few exceptions' would and should be tolerated might well have been directed at mothers' weaknesses rather than at their babies' wishes. This may have been partly a legacy from the earlier decades of the twentieth century when Dr John Watson established the psychological school of behaviourism. Behaviourism's goal was to predict and control behaviour, and when this theoretical stance was turned to childrearing, Watson admonished women who became, in his view, overindulgent mothers and who were perceived as irrational and emotional (Ehrenreich and English 1996: 40-41).<sup>9</sup> By establishing a structured feeding routine, both mother and child would be under the influence of the experts in addition to preparing the baby for adult structures of time and self-denial. Although nature was best when it came to breast milk, it could not be trusted when it came to the systemic delivery of that nutrition.

### **Cohort Two: is 'natural' feeding 'easy'?**

Many of the women in my second cohort, whose children were born in the 1960s and 70s, were subject to conflicting and tangled messages regarding the 'proper methods' of childrearing. The discourse surrounding the best form of feeding was at its most complicated during these two decades, both in the UK in general and specifically in Scotland. As in the first cohort's narratives, these women discussed complications involving the practical aspects of breastfeeding, and several of the mothers had to change their original plans of breastfeeding and adopt bottle feeding. Mirroring the previous cohort's experiences, there were again varying degrees of acceptance of such a change, usually being related to the mother's ideas about what represented nurturing and what was 'natural'. While more women in this cohort switched to using bottle feeding than in any other cohort, with only two women using breastfeeding as the sole method

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<sup>9</sup> Lutz draws attention to the association between women, nature, and emotions. As discussed in Chapter Two, women have often been considered as more emotional because of their closer relationship to nature, and therefore to possess a more bodily-oriented knowledge as opposed to more cultured, scientific, rational knowledge (1986).

beyond approximately one month, an underlying conviction about the superiority of breastfeeding still remained.

During the first couple of weeks after the birth, seven out of nine mothers told me they breastfed their babies, and five of these nine mothers were still breastfeeding, at least in tandem with bottle feeding, after three months. What is interesting is that, according to a *Health Visitor Journal* article reviewing a survey of the diets of Scottish infants, the author reported finding only one mother in three attempting to breastfeed, and only one mother in fourteen breastfeeding at three months (anon 1968: 460-1).<sup>10</sup> While I cannot conclusively account for this discrepancy between the reported methods of infant feeding for Scotland with my interlocutors, one possibility is that within this cohort, eight of the nine mothers were middle-class. The majority of mothers in this cohort chose to read childrearing books and give priority to the expert advice with which they came into contact. Greater effort to follow expert, medico-scientific methods has been frequently attributed to middle-class mothers, and it is likely to be the case here (Martin 1987; Yuval Davis 1997). Since none of my interviewees raised the issue of the financial cost of formula and its required equipment, I see the professional rhetoric as more influential than economic pressures in their decision to attempt breastfeeding.

In my interviewees' narratives, a preference for attempting to breastfeed stemmed from two main sources. First, the influence of precedent was integral in many women's decisions. The majority of the women in this cohort either saw their mothers and siblings breastfeeding, or heard about their experiences of doing so. Comments that breastfeeding was assumed or was 'just right' indicated that for many of the mothers, breastfeeding was their first inclination when considering how to feed their infants. Lorna had her first two children in 1974 and 1977, and remembered thinking 'that's just

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<sup>10</sup>The professional concern over infants' diets during this period frequently had some basis in women's position within the changing social setting. For instance, between 1951 and 1971, the percentage of married women involved in paid employment rose from twenty-six percent to forty-nine percent (Lewis 1992:40). This increase in married women remaining in paid employment after becoming a mother meant changes to the methods of infant feeding. See Chapter Seven for a discussion on mothers in the labour market.

what one did' after having a baby. Several months on, she was surprised that so few mothers she encountered were breastfeeding. She continued to tell me, 'my mother breastfed all of us, and it seemed an obvious thing, really'.

The second source of the strong bias towards breastfeeding brings us back to the class factor, with many of the mothers adhering to the professional discourse regarding breastfeeding.<sup>11</sup> Childrearing manuals, such as those authored by Dr Spock, Hugh Jolly, and Penelope Leach, were commonly read amongst the mothers in this cohort. As will be discussed in the next section, these experts, while stating that artificial formula was a viable alternative to breast milk, still supported breastfeeding as the best way to feed a baby. Additionally, more women in this cohort attended ante-natal or post-natal groups as well, which increased their exposure to messages of breastfeeding. Thus, when a woman knew her own mother had breastfed and she herself continued to read that it was a preferable method of infant feeding, the desire to breastfeed became significant, such as when 53 year old retired teacher Charlotte told me she had 'just really wanted to breastfeed'. This combination of precedence and an observance of the professionals' advice helped to push the numbers of mothers in this cohort wanting to breastfeed above the cited average of Scotland.

Of the four women who either did not attempt breastfeeding or only tried for a week or two before moving completely to the bottle, two of these women attributed the use of the bottle to the type of birth experienced: Ellen, whose infant was premature and therefore fed by bottle during the long stay in hospital, and Charlotte, whose baby was kept in a special nursery to recover after a forceps delivery.<sup>12</sup> These two mothers told me they regretted the outcome of these experiences, for they disrupted the ordering of events planned by both mothers. This also seemed to lead to each woman understanding and

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<sup>11</sup> For example, when explaining why she was so adamant about breastfeeding, Effie told me she knew the nutritional benefits and wanted the bonding experience. These opinions seemed to come directly from Spock, who she recalled not only reading, but whose approach she had fully agreed with.

<sup>12</sup> Ellen felt that because the nursing staff used a bottle to feed her premature infant during her time in the hospital, they were dismissing the importance of breast milk. She pointed out that by 'today's standards', she would have been allowed to express her breast milk in order to feed her baby while in the hospital.

categorising breastfeeding as something beyond natural, beyond normal – it was perceived as a very high achievement for those mothers ‘successful’ in their efforts. In fact, for the seven women who breastfed in any capacity, this infant feeding method proved to be something much more complex than what was expected, and less than ‘easy’ despite its depiction as natural.

The notion of breastfeeding as something difficult to figure out, something to be worked at and persevered with, resonated throughout this cohort’s recollections. Because it did not require equipment or sterilisation, breastfeeding would sometimes be referred to as ‘natural’, with an implicit allusion to its practical ease. Yet, when advising her daughter about infant feeding, 46 year old Gillian explained to Grace, born in 1977, that breastfeeding, ‘is a tricky, terrible, fiendish thing to get started’. This was moving beyond the physical practicalities. This representation of breastfeeding (as a difficult undertaking), something to be managed and mastered, came through in the language and phrases used in many of the stories about breastfeeding.

What successful breastfeeding needed in addition to the physical properties tells us something of the ways in which the meaning of ‘easy’ could be thought of and constructed in relation to the ‘natural’. References to breastfeeding requiring patience were common, yet patience is often associated with tasks that are not easy. In the narratives, both mother and child were conceived of as having to work at breastfeeding, despite its naturalness. Fiona, whose three children were born between 1973 and 1978, explained that she chose to breastfeed because it was more natural for her children. With all three babies, she found that they always seemed hungry, and therefore by about the 6<sup>th</sup> or 8<sup>th</sup> week, she began ‘topping up’ with bottle feeds. Although this satiated their appetite, which could be viewed as easier than letting them continue to feel hungry, she perceived her use of bottle feeds as ‘giving up’ on breastfeeding. The use of the phrase ‘gave up’ conjures up a lack of commitment, even though her children were successfully fed. What Fiona’s story tells us is that ‘nature’ and ‘ease’ are mutually dependent: a

mother can give up on 'nature', and following what is supposed to be 'natural' may be renounced because it is not 'easy'.

The difficulties of 'nature' not only affected the mothers, but the babies as well. Several women described their breastfeeding struggles in terms of the method requiring a mutual effort between mother and child, and stated that their babies did not know what they were doing any more than the mothers. Both parties needed to work at breastfeeding. Charlotte had very much wanted to breastfeed but had trouble with her lactation starting properly due to a delay in the first feed. It was this delay that set up breastfeeding as something problematic:

She was bottle fed for the first 36 hours, and my milk just hadn't come in very well. She just didn't want to work hard for my milk.

Babies too could find nature less than effortless and might also find breastfeeding difficult, rejecting it for something easier – in this case the bottle.

For many mothers, because breastfeeding was something requiring effort, help and support became vital for its continuance. While the childrearing manuals often gave basic pointers about positioning and possible problems related to wind and colic, many women who were finding breastfeeding difficult felt it necessary to turn to their health visitors for help and support. However, according to several mothers in this cohort, in practice, many midwives and health visitors were quite eager to advise the use of the bottle as soon as the mothers encountered difficulties with breastfeeding.

Several women told me that they were actually confused as to why they did not receive more advice on breastfeeding when in the hospital or when talking with their health visitor. Some mothers interpreted this as a lapse of duty, particularly after having read childrearing manuals or listening to the advice in their ante-natal classes. Another interpretation women gave to this lack of discussion on breastfeeding was that it was meant to enable a non-pressurised choice, and such was the case with Catherine. An ex-

academic secretary, Catherine, 63, remembered that, after a few weeks trying to breastfeed her ‘very hungry baby’ she was ready to use the bottle, and her health visitor readily agreed with her decision. ‘There was no guilt; she [her baby] was finally getting enough [milk]’. Catherine’s lack of guilt in switching to the bottle was based on what was easier for both her and her baby, and her health visitor reinforced her notion of easy by telling her, ‘it [breastfeeding] was “no good” to either [mother or child] with the mother crying and the child hungry’.

In the 1960s and 70s cohort, it seems the bottle was often considered the ‘easy’ alternative if breastfeeding was not running smoothly, regardless of whether the woman wanted to persist or not. Such quick agreement from the health professionals about using the bottle, as in Catherine’s situation, became problematic for those who wished to persevere with their breastfeeding. Effie, whose children were born between 1962 and 1971, told me that her experience with her health visitor made her feel abandoned by the experts just when she needed their assistance. Establishing breastfeeding with her first baby was difficult for her, but she continued and breastfed all four of her children. In 1971, with her last child, her experience was much more frustrating, as her health visitor stated ‘surely, with three children at home, you should just give the baby the bottle’. This suggestion, as in the case of Allison in the previous cohort, was made so that others could help Effie feed all of the children. As the reliance on bottle feeding to sort out troubled or over-wrought breastfeeding increased, it left women like Effie to ‘battle it out’ with the health visitor when they wanted to persist without using artificial formula. The readiness of the health professionals to endorse using the bottle when breastfeeding proved to be difficult did not, however, extend to relaxing feeding schedules for infants, and mothers were not encouraged to give up on the four-hourly schedule.

### **The Issue of Scheduling**

Somewhat surprisingly, all but two women in this cohort tried to adhere to a four-hourly schedule. Although the majority began with the routine, they also ended up ‘adjusting’

the structure, so that the schedule became rather loosely defined after some weeks or months. Such adjustment and personalisation created feelings of guilt and failure in some of the women, for it did not meet with their expectations of mothering. Within professional circles, a middle ground regarding scheduled feeding was being advocated, but the message seemed to filter down slowly to the mothers in this cohort. Reflecting upon demand feeding during our interview, Charlotte, a 54 year old teacher, thought it makes sense, but she explained that when raising her children in the 1970s,

Demand just wasn't in vogue, it was four-hourly. There was still a right way and wrong way, and if it wasn't working the right way, you must be doing something wrong.

Having such a distinct notion as to what *ought to* be happening regarding the feeding of infants meant that when a baby was not happy with the four-hourly feeds, it was the mother who either felt blamed or blamed herself. With the four-hourly schedule representing a more structured, disciplined method of childrearing to many adults, giving in before a feed was scheduled could be viewed as failure by others. Lorna remembered questioning the need for the four-hourly schedule, but being encouraged by her mother to continue with it. She found that her health visitor also advocated the more rigid feeding structure, telling her, 'it keeps the day sorted'.

As I will discuss shortly, written expert advice advocated more flexible infant feeding than the rigid four-hourly schedule, but it seems the health professionals involved with mothers on a practical and regular basis did not give permission to leave the timetables behind. Several mothers, like Effie and Catherine, told me they had felt the four-hourly schedule to be overly harsh, but when they discussed the idea of flexible feeding with their own mother or General Practitioner, they were encouraged to stay with the scheduled feeds. Guilt about not following a schedule did not stop many mothers from feeding their infants on a more frequent basis, but did leave them wondering why they could not 'stick to the routine' when others could. This was the case with 54 year old Bonnie, who recalled that if her baby cried between the feeds while in the hospital, she felt sure she was 'doing something wrong':

When my first would start crying, the nurses got all indignant she wasn't waiting to be fed. At the four-hourly mark, I would be summoned to the nursery.

While for Bonnie, this strict adherence caused her to choose the enforcement of the four-hourly schedule within her own home, for many other women, they found a compromise somewhere in between. Two women turned completely against such severity.

Emily and Gillian were the two mothers within this cohort who began 'demand' feeding after returning home. They were also the two women who continued to breastfeed solely, without any complementary bottle feeds, for at least six months. Both women remarked that breastfeeding was 'natural', and that imposing a four-hourly schedule around breastfeeding seemed incongruous. Several of Gillian's friends who used the bottle also used the four-hourly schedule, and in her opinion, the structure required by both made sense to her when employed together. Both women commented they were 'before the trend' when it came to demand feeding. While this was true within the narratives of the mothers interviewed, the trend had already begun to be championed in the writings of health professionals.

### **Infant feeding according to professionals: a physical relationship**

On the surface, the professional literature of the 1960s and 70s appeared to advocate and support both breastfeeding and bottle feeding in the majority of texts. As I show below, however, most professionals still considered breastfeeding as the best method, so that support for bottle feeding was not advocated to the same extent as breastfeeding.<sup>13</sup> The benefits of breastfeeding came to be discussed more in terms of the emotional relationship between mother and child, and breast milk in terms of its natural place within the overall reproductive process. However, within the majority of publications,

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<sup>13</sup> For example, an article by a midwife discussed the post-natal care of mothers and babies compared the two feeding methods in these terms: 'If the mother is unable or does not wish to breast feed her child, it will be *necessary to resort* to artificial formula' (my emphasis, Bally 1963: 156).



much more discussion and attention was given to bottle feeding, the methods of measuring out formula, and the sterilisation process. There were frequent references to the popularity of artificial formula, such as when a physician and qualified doctor of child health stated 'the trend to bottle feed continues' (Douglas 1970: 27).

There are several reasons why bottle feeding increased and possible explanations for its apparent acceptance. One reason might be the rise in married women's participation in the labour force. For instance, the number of married women in employment in Scotland rose from 23.4 per cent in 1951 to 57.8 per cent in 1971 (McIvor 1992: 142). If more women were returning to paid employment after becoming a mother, the issue of how to feed an infant would require consideration of bottle feeding, as it allows other caregivers to feed a baby. Indeed, there were several statements about bottle feeding and the return to work, particularly in materials intended for mothers. One of the most comprehensive discussions about mothers and employment was found in the booklet *The Book of the Child*, published by the Scottish Health Education Unit (SHEU), which not only gave a rather equal balance to the process of bottle feeding in comparison to breastfeeding, but also contained sections on maternity benefits and family planning (1977). However, many other experts did not directly address any changes in women's position in society or the labour force.

Another possible factor in the increased acceptance of bottle feeding was an acceptance of its nutritional value. Whereas in the immediate post-war years, the professional community, and therefore the public, was not convinced artificial formula was equal to breast milk in its nutritional value, by the 1960s and 70s, advancements in the composition of formula gave health professionals more confidence in its nutritional equivalence to breast milk (Apple 1987: 74). Nature seemed to lose some of its superiority in terms of its strictly nutritional capacity. If a mother should choose or need to use bottle feeding, it was explicitly stated that health professionals were not to make the mother feel guilty, or put pressure on her decision, an aspect not discussed in the literature from the earlier period. For example, while a Health Education Council's

pamphlet from 1972 equated breastfeeding with the building of love between mother and child, it also stated that if a mother really disliked the idea of breastfeeding, then the bottle was preferable because ‘an unhappy mother means an unhappy baby’.

A more ready acceptance of artificial formula was necessary when professionals recognised that breastfeeding was not always ‘easy’ to accomplish. Attention to the nurturing relationship between mother and child actually helped professionals to accept bottle feeding if breastfeeding was not working. Emotional stability and contentment in the mother and child relationship were held to be more indispensable than fraught breastfeeding, and it is likely that it was this attitude that underlay the interviewees’ recollections of health visitors’ quick suggestions to bottle feed. An article in which a paediatrician debated the benefits of breastfeeding against the popularity of bottle feeding concluded by stating that, ultimately, while breast milk was still the most ‘appropriate’ food for infants, artificial formula should not be overlooked. The concluding comment helps to explain such acceptance:

The feeding of infants should be simple, safe, and uniformly successful (*Mother and Child* 1972: 2).

Breastfeeding was definitely accepted as safe, usually thought of as simple, but was never uniformly successful – in the memories of the mothers or in the writings of health professionals – nor even automatic, which in turn confounded its simplicity. Being unpredictable, the ease of breastfeeding could be overturned in favour of the bottle when difficult breastfeeding was encountered.

Despite this acknowledgement of the merits of bottle feeding, expert opinion was generally weighted in favour of breastfeeding.<sup>14</sup> The emphasis of psychologists on the emotional development and happiness associated with breastfeeding highlighted the

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<sup>14</sup> Within the professional discussions and policies of the National Health Service (NHS) the preference for breastfeeding was not subtle. For instance, in relation to The Welfare Food (Amendment) Order 1976, a Scottish Office NHS general circular stated, ‘However, it was made clear that while a list of modified baby milk suitable for feeding was listed, they could only be regarded as second best to breastfeeding’ (anon 1976: 76).

special relationship between a nursing mother and her baby. Dr Spock, the childrearing expert most widely read by the interviewees, attempted to maintain a neutral ground between breastfeeding and the bottle, yet ended up also favouring breastfeeding:

...breast milk is always pure; a baby can't catch an intestinal infection from it ...  
breastfeeding does wonders for a young mother and for her relationship with her baby.  
She and her baby are happy in themselves and feel more and more loving to each other  
(1973: 95).

Although Spock did devote attention to bottle feeding in his text, his push for breastfeeding for physiological and emotional purposes was hard to ignore. Not only was the 'purity' of breast milk as a substance used by Spock as a justification for mothers to first try breastfeeding, but by framing the issue of feeding around a relationship, he helped to equate successful feeding with successful parenting and love. The influences of such rhetoric cannot be dismissed, and the impact of this view of the professionals that breastfeeding led to a more contented mother-child relationship was reflected in the disappointment of several mothers in not continuing breastfeeding for a longer period.

In the 1960s and 70s, the reasons given for why mothers should breastfeed not only included the success of the mother-child relationship, but were also predicated on more medically oriented discussions. These views often stressed breasts and breast milk as part of the reproductive process. In favouring breastfeeding for its biological 'purity', the medical community considered the production of breast milk as specifically constituted to aid a baby's development. Obstetricians were taught through their textbooks that breastfeeding was the natural conclusion to the reproductive process, and as a head matron and midwife wrote in an article addressing the changes in midwifery in the *District Nursing Journal*, breastfeeding was defended as natural, for it used women's breasts, 'for their rightful purpose' (Farrer 1967:76).<sup>15</sup>

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<sup>15</sup> The author begins this statement by commenting that 'most midwives view with sadness the decline of breast feeding', again underlining the continuing preference of professionals for breastfeeding (1967: 76).

Portraying breastfeeding as natural due to its physiological grounding included the depiction of breast milk as a natural substance. However, it was in this later period that a link between the nutritional value of breast milk and blood was made prominent. Breast milk was described by breaking it down into component parts like any other biological substance; breast milk began to be described in terms of percentages of proteins, sugars, fats and carbohydrates. This seemed to reinforce the nutritional value of breast milk's composition. Some descriptions of how the body produced breast milk relied on a detailed physiological connection. With breast milk described in association with blood, the bodily origin became more evident, such as when Hugh Jolly, a physician working in child health, told his mainly parenting audience:

The baby's arrival is thus the signal for your blood, which for nine months has nourished him through the placenta, to start nourishing him through the breasts instead by forming milk (1975: 55).

Here, blood, the source of nourishment and food during pregnancy, was to be transformed into milk, maintaining the nurturing of a child by its mother's body.<sup>16</sup> In Jolly's text the connection between breast milk and blood was linked through the reproductive system, with one event triggering or initiating another step. Breastfeeding was the feeding method that reinforced a mother's 'natural' nurturing through the giving of herself.

### **Allowing for individuality**

Within both professional and parent-directed literature during the 1960s and 70s, rigid four-hourly feeding was commonly called into question or declared to be too rigid, despite the mothers from the same period remembering that they followed a schedule.

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<sup>16</sup> I am not claiming the perceived link between breast milk and blood to be emerging only in the 1970s Western medico-scientific model. Lacqueur (1986) points out that 'ancient medicine bequeathed to the Renaissance a physiology of flux and corporeal openness, one in which blood, mother's milk, and semen were fungible fluids ... this ... explained ... why new mothers, who transformed the catamenial elements into milk, did not menstruate (8). I am merely suggesting this link between the physiological characterisation of breast milk and the implied transformational qualities of bodily substances became emphasised in childrearing advice during this period.

What was most commonly called for was an initial four-hourly schedule that evolved as the child's needs and preferences became more apparent. Such loose feeding schedules or structured 'on demand' systems were advocated as a means of keeping the mother in some control of her daily schedule while allowing for the individuality of the baby.

As I discuss further in Chapter Four, the professional opinions of this period expressed the view that children's variability needed to be accommodated, and looser feeding programmes were a compromise that relieved pressure on the infant to fit an exact routine. Many of the experts explained that rigid feeding schedules only created anxiety in both mother and child. Penelope Leach, a social-psychologist and childrearing expert, told her readers:

There is no doubt that some infants accept scheduling far more easily than others...The advantages of pre-set feeding times do not outweigh the advantages of a more contented baby for many mothers (1974:57).

Leach suggested that allowing a baby some 'say' in the feeding schedule was the easier, less stressful way to feed an infant. It was during these decades that a more natural way of feeding began to be asserted as best for the good of the mother-child relationship. A child's physiological yearnings were to be accepted as having some influence on the timing of the feeds. This suggestion of flexibility and individuality, however, did not make it into the practices of the mothers who were interviewed nor into the advice given out by the health professionals with whom they came into contact.

It is between this cohort's narratives and the corresponding professional literature that we find the greatest gap in what was thought to be the 'proper' or up-to-date method. Yet the gaps present themselves in unusual ways. While the professionals considered breastfeeding to be out of favour with mothers, the women I interviewed by and large had still attempted to breastfeed, and often expressed regret if the bottle had become necessary. Another unexpected disparity emerged between the discourses articulated by the medical community and the advice given out by the health professionals in the field.

The interviewees remembered not only their own mothers and mothers-in-law as supportive of four-hourly feeds, but their health visitors and GPs were also recalled as having advocated routines, which is unexpected given the textual stance on flexible feeding. Although becoming more popular in the professional rhetoric on infant feeding, flexible, 'on demand' feeding was not followed or advocated by the majority of mothers until the last period of my study. This might be connected to the fact that among the older mothers, there was an extremely strong degree of accordance with scheduled feeds, with little variation. Therefore, more time might have been necessary for this practice to lessen in its popularity.

### **Cohort Three: breastfeeding undivided**

Amongst the mothers interviewed whose children were born between 1990 and 2004, everyone breastfed initially. This increase in the interviewees' participation in breastfeeding, as compared to the 1945-1960 and the 1961-1980 cohorts, was part of a widespread rise in the national breastfeeding rate. According to statistics from a National Health Service-sponsored infant feeding survey of the UK, Scotland's breastfeeding rate rose from fifty percent of all babies being initially breastfed in 1990 to seventy percent in 2005 (NHS 2007).

In a similar fashion to the immediate post-war cohort and the 1960s and 70s cohort, different versions of 'nature' emerged from the women's recollections about breastfeeding but with an even more explicit emphasis within these accounts. Remarks about breastfeeding as 'beneficial' or 'good for' babies were common, and the physical properties of colostrum and breast milk were often repeated to me.<sup>17</sup> Inter-related notions of precedent, intentions and performance emerged from the mothers' narratives

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<sup>17</sup>The Infant Feeding Survey of 2000 found that 76 per cent of UK mothers who breastfed at birth were able to state a specific health benefit of breastfeeding. This knowledge increased with age, education level, and socio-economic group (Department of Health et al 2000: 87-104). As the majority of my interviewees was middle-class and well educated, it follows that part of their rationale for breastfeeding would be based on its health benefits.

as they explained why they chose to try breastfeeding, and what it meant to them and their relationship with their baby. Among the discussions of breastfeeding references to family members were not uncommon. If a woman could specifically identify breastfeeding as the method of choice of either her own mother or sister, or heard positive stories from her mother-in-law or aunts, it seemed more likely that she wanted to follow suit in her own infant feeding.

The influence of precedents mentioned in the 1961-1980 cohort became even more pronounced with the interviewees in the 1990-2004 cohort. For instance, 23 year old Grace, whose mother Gillian was one of those who breastfed in the 1960s and 70s, told me breastfeeding 'is just kind of done in our family'. The knowledge that their own mother enjoyed breastfeeding helped to convince some women to choose breastfeeding, gaining confidence from hearing first-hand accounts of 'success'. Attention to precedents impacted on decision-making because it helped to normalise and naturalise the method. Hearing of the health benefits from professionals may not have been enough to convince a mother to choose breastfeeding; yet when this advice was coupled with the example set by an intimate acquaintance, like a mother, sister, or close friend who could be turned to for support and assistance, the choice could be buttressed.

Precedents are relevant within the discussion of this cohort because in the immediate post-war cohort women's choices were quite limited. Artificial formula was not completely trusted by professionals as an adequate replacement nutritionally, and even in the 1960s and 70s, although medically accepted, the price of bottle feeding put it at a disadvantage compared with breastfeeding. By the 1990s, however, the composition of artificial formula was accepted by doctors and the cost was reduced enough to make it a viable option for the majority of mothers. With a reliable alternative available, the choice to breastfeed became more deliberate, dependent on factors such as class, environment and example.

Indeed, women's comments about their intentions to breastfeed pointed towards previously-existing opinions and knowledge of the practice. When asked about their infant feeding methods, many interviewees used a language of premeditation and planning. While some women told me they had 'assumed' they would breastfeed, similarly to the immediate post-war cohort, many others described themselves as 'intending' or even 'desperate' to use this method. Implications of forethought and a strong desire or emotional investment prior to attempting breastfeeding was not often expressed by women in the earlier cohorts. One reason for this increased consideration and discussion of infant feeding can be related to how often the women spoke to others about infant care in general. More so than any other cohort, these mothers participated in ante-natal classes, where advice and instructions regarding breastfeeding was given. They also met, and often made friends with, other mothers-to-be.

Relationships between mothers frequently continued after the birth, with conversations concentrating on infant care. Many of the women who attended the ante-natal classes told me of the prominence given to breastfeeding, where bottle feeding was usually not even mentioned, much less discussed at length. The emphasis on breastfeeding reported by the interviewees in this cohort, from friends, family, and experts, led to weighty expectations felt by the mothers to succeed in breastfeeding their infants. Chloe, a 29 year old part-time student, remembered the nurses 'saying it was up to the individual, but I found it very difficult to even consider resisting breastfeeding'. However, the difference in this cohort from the last is that most of those women who breastfed considered three or four months as adequate. After the initial period of breastfeeding, most of the mothers began using artificial formula in a supplementary style of feeding, if they had not already done so. This trend points to the women's acceptance of bottle feeding being able to make life 'easier' despite breastfeeding being considered as the preferable method of infant feeding.

Breastfeeding discourses within the mother's narratives and the professional literature that promoted it as the proper care for infants contained elements of performance in



connection with 'nature', 'skill', and 'ease'. The lack of equipment continued to be a main factor in breastfeeding being purported to be 'natural' in the women's accounts. Women's descriptions of having to 'faff about' with bottles classified breastfeeding as 'easier' than bottle feeding. 32 year old shop clerk Dorothy explained that she had wanted to breastfeed from the beginning because it seemed to her as the 'natural, easy way'. She associated breastfeeding with nature in two ways: it was performed 'naturally' because her infant immediately took to breastfeeding after birth without instruction or assistance, and because it required no intermediaries between herself and her baby.

Yet having no intermediaries between a mother and her nursing child meant more attention had to be paid to the mother's lifestyle. A close watch of what she does, for example, what foods are eaten or beverages imbibed, may cause more work for a mother, rendering it less 'easy'. Some of the women's stories about their diet affecting their breast milk, and thus upsetting their infant, illustrated the biological grounding of breast milk and breastfeeding. I was told by Sally, a solicitor in her mid-thirties, that when she had just one glass of champagne, the next day her baby cried after being breastfed 'because of the bubbles'. This version of nature places breast milk in such an intense physical framing that the carbonation from a drink the previous evening can lower the 'quality' of the nutrition and proper feeding.<sup>18</sup>

If feeding an infant the natural way requires such attention and devotion, why might so many mothers dedicate themselves to breastfeeding? It is arguable that it is because the performance of proper mothering was felt to call for such perseverance. Breastfeeding can be seen as a demonstration of the work and effort a mother is willing to invest in her childrearing, not necessarily because it requires the type of work attributed to bottle feeding, but the physical giving of oneself to another. Eileen, 30, expressed a certain

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<sup>18</sup> Edwards (1993) examination of connections in north-west England also revealed that some people viewed the connection between a mother's body and that of her child's during pregnancy as being intensely bound together by substance, so that a mother's diet affected the child's development through the placenta (1993: 59).

pride in giving herself physically to her child, telling me that seeing her infant grow well gave her confidence 'knowing I did that' through her breastfeeding.

A desire to be able to demonstrate physically their love and commitment to their baby was most exemplified by the narratives of mothers who persevered to far-reaching lengths to continue breastfeeding their child despite problems. For instance, Dorothy, a 33 year old catering manager, remembered that because her baby wanted to feed every two and half hours, breastfeeding was 'taking everything out of me'. Thus, when Grace's mother told her that breastfeeding was 'tricky' and a 'fiendish thing to get started', it was to bolster her confidence and demonstrate her understanding of the process. It was also an indicator of the determination and perseverance accepted as necessary in order to succeed.

That breastfeeding might take a while to 'crack' or to 'figure out' was something many new mothers expected. The idiom of something needing to be 'figured out' or 'cracked' indicates the acquisition of a new and challenging skill. I was told numerous times of difficulties and hitches in the breastfeeding experience, yet the majority of these mothers strove to continue to breastfeed for at least a period of time. Chloe said she knew 'you had to work at' breastfeeding, and therefore felt that, just because she was exhausted, she should not turn to bottle feeding. Because her knowledge of breastfeeding as difficult extended beyond her own experiences, the hardships became more normalised. Feeding her infant the perceived natural way, despite its obvious paradoxical relationship with the concept of 'easiness', was important enough for her to ignore her mother's suggestions of mixed feedings for two months before finally moving to a supplementary feeding style. She persevered because she considered breastfeeding to be more nutritious, but more importantly, because she attributed her 'close' relationship with her baby to the method.

More than in the previous cohorts, the most recent young mothers spoke about the 'closeness' and the intimacy of breastfeeding. As discussed in Chapter Two, by the

1990s the notion of maternal instinct was talked about in terms of bonding, primarily achieved through frequent and close physical contact. When mothers gave details about the positive benefits of their breastfeeding experience, it was not in nutritional terms but in relation to bonding. 29 year old stay-at-home mother Sharon described her baby as 'very hungry', but went on to remark that she 'didn't mind' because of how much she 'loved just being with him'. For her, the regular 'snuggling' that went along with breastfeeding encouraged her to continue the method exclusively for six months. Other mothers' descriptions of breastfeeding as 'lovely' and 'so close' pointed at the importance such feeding times were to them as they built their confidence as mothers, and helped to cement the experiential aspect of the relationship. Many mothers also commented that to impose a feeding schedule upon this time of connecting seemed too harsh an expectation; demand feeding was perceived to be the accompanying 'natural' routine to breastfeeding.

### **Demand Feeding**

Feeding a baby when it cries rather than relying upon the clock for arranged feeds was the clear choice of new mothers during the 1990-2004 period. Unlike mothers from the 1960s and 70s, the mothers nursing their infants in the 1990s and early 2000s, felt that, like breastfeeding, feeding 'on demand' was more 'natural'. Once again, how 'natural' played out in terms of ease was variable, with struggles and frustrated expectations emerging from this method despite its popularity.

Satisfaction with demand feeding was not something all of the women in this cohort experienced. By following this method a mother allowed her day to be centred on the hunger of her infant. While I did hear comments that demand feeding 'just seemed right' or appeared easier because it would cut down on the amount of crying, there were also difficulties voiced. An underlying expectation of mothers using on-demand feeding was that their babies would also fall into a routine – developed without the clock – within several months, as many books and experts had promised. In this way, the

mothers were allowing the baby's individual appetite to dictate the early feeding by demanding food when hungry, and the 'routine' that emerged would be tailored to the particular infant's needs.

However, having an infant's appetite shape the schedule was not always the easy way it was first imagined by the mothers. Babies' individual hunger patterns left the mother's body subject to the dictation of the baby's appetite. Dorothy's remark in an earlier passage about feeding taking her energy was primarily due to allowing her baby to determine the frequency and duration of feeds. 34 year old professional Sarah also remembered her disappointment that it took her first daughter over four months to settle into 'her own schedule', although upon reflection she would still choose demand feeding. A mother would perhaps begin to question the method or feel a sense of failure if her baby's appetite continued for months to be considered as 'random' or the baby's appetite led to a feeling of 'constantly feeding'.

### **Views of the experts: breast is best**

The professional literature written during the 1990-2004 period used more detailed medico-scientific language than in the previous two periods in order to explain why breastfeeding was best.<sup>19</sup> It also advocated breastfeeding as more satisfying for the mother-child bond, and this reinforced the women's notions gathered from their own families and the expert advice available. Breastfeeding continued to be considered a part of good mothering; mothers became responsible for their infants receiving the physical properties of breast milk and colostrum. A mother was also responsible for ensuring her child's emotional well-being through the bonding of breastfeeding. The experts' concerns with getting mothers to fulfil these responsibilities followed the same

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<sup>19</sup> A 1995 advisory report to Health Boards and NHS Trusts in Scotland addressing the provision of dried baby milk according to the Welfare Food Scheme contained a note reiterating 'the Government's full commitment to the promotion of breastfeeding as the best way to nurture a baby in the first few months of life' (anon 1995: 58).

line of reasoning upon which many mothers based much of their decisions upon: the precedent set by other mothers.

Health professionals seemed to recognise that, despite increased information-seeking on the part of mothers – through reading and speaking to other mothers – precedence played a role in determining breastfeeding. This was, in part, because of the danger of information overload with such a volume of possible views and opinions that a mother might come across during pregnancy and early motherhood. This in turn could make peers' and familial experience an anchoring example and safe option for mothers. Dr Spock, also one of the most widely read experts by the mothers in this latest cohort, recognised and commented on the relevance and power of example:

The attitudes of the doctor who delivered the baby, the hospital nurses, the doctor who's looking after the baby, will have a powerful effect in encouraging or discouraging breastfeeding. So will the attitudes of the mother's relatives and friends (1992: 118).

The more accessible breastfeeding appeared to a mother, most importantly through familial experience, the more likely that it was seen as 'normal' and natural.

In many professionals' discussions of lactation and nursing, there was an implicit directive that breastfeeding was a 'natural' element of good mothering and a necessary part of the mother-child relationship because of its health benefits to the baby. As with many of the interviewees' rationales, there was an emphasis on breast milk and colostrum – the fluid that comes in before the 'real milk' – as healthy because it gave the child the mother's antibodies, and provided protection against disease and infection. Accordingly, breast milk could be viewed as a physical manifestation of the maternal instinct because of its protection-giving quality, as I discussed in Chapter Two. As a Health Education Board for Scotland breastfeeding pamphlet, *Off to a good start*, explained to its readers:

From the middle of your pregnancy onwards, your breasts make concentrated milk (colostrum), which is a highly valuable, antibody-rich fluid. It protects the baby against

diseases like polio and influenza, builds immunity to other infections, and aids in the proper development of the brain (HEBS 2003: 10).

Thus, the fact that the baby literally partook of the mother's body and her antibodies led to the protection of the infant's health. Protection as an integral aspect of mothering – or more specifically of 'good' mothering and maternal instinct – meant that to deny a baby breast milk could constitute a refusal to provide adequate protection and love. Giving up breastfeeding at the first sign of problems was not considered an adequate expression of care and nurturing love (ibid: 8).

Many professionals strongly emphasised the nurturing aspect of breastfeeding through the idiom of 'bonding' between a mother and her baby. Several texts recommended breastfeeding as the best method to facilitate the establishment of the mother-child relationship. Thus, in an article in the monthly magazine, *Practical Parenting*, the author and self-styled "parent coach" tells her readers, 'breastfeeding forges a strong bond between mum and child' (Thomas 2005: 22). The time a mother dedicated to feeding her baby was to be infused with loving, nurturing caresses as a means of maintenance of the mother-child relationship. With breastfeeding framed as the manifestation of the quality of feeling within the relationship between a mother and her baby, it became extremely important that a mother have enough milk for feeding. The health professionals were proponents of 'on demand' feeding because it was considered the best way to ensure the adequate production of milk.

### **A Producing Mother**

Childrearing texts in the 1990-2004 period varied from previous explanations towards descriptions of 'baby-led' schedules, for many professionals felt the concept of 'demand' feeding carried negative connotations. That a baby should 'demand' to be fed was an image away from which some experts wanted to move.<sup>20</sup> However, baby-led

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<sup>20</sup> This is unsurprising given the responses I heard from older women who commented on demand feeding. Many of these women, such as Helen in the post-war cohort, thought the idea of following an infant –

feeding still required a mother to shape her day and routine to the child's needs. Thus, a HEBS pamphlet, entitled *Off to a good start*, instructed its readers that the production of breast milk could be reduced if, 'you try to limit the length and the number of feeds for some reason' (2003: 17).

In the interest of making enough milk – often the primary concern of mothers seeking advice on breastfeeding from experts – baby-led feeding kept milk production in a perfect balance. Dr Miriam Stoppard, a physician whose *The New Baby Care Book* was reprinted almost annually from the early 1980s up to the present, explained to her readers how to ensure a supply of milk:

The actual amount of milk you produce is dependent on how much your baby takes, hence the expression supply and demand (1990: 104).

Referring to demand or baby-led feeding was the most common way to describe milk production, with other publications using the terms of 'balanced supply and demand' and 'demand and supply production'.

All of these phrases call to mind capitalist consumerism and modes of production. Emily Martin has pointed out the predominance of economic or system-based conceptualisations of the body in medico-scientific language, and this appears to apply to lactation (1987: 36). Professional materials strongly discouraged rigidly scheduled feeding, partially because of its tendency to make babies 'cry it out', but most often they justified letting an infant feed as often as necessary because it was thought to aid in the production of breast milk. The systemic production of a mother's milk was best left unhampered by schedules, and was to be instead dictated by its consumer, the baby. Moreover, baby-led feeding reaffirmed the place of 'nature' in the way of feeding infants 'naturally', and this method was advocated in the interest of the biological 'system', the physiological reproductive process in which breastfeeding constituted one

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responding to the cries of their child with food – instead of making the child fit into their schedule, would simply frustrate and drain the mother without 'doing much good'.

element or 'phase'. For encouragement, most of the advice reassured its readers that babies tended to fall into their own schedule or pattern after the first few months, leaving a mother better able to plan her day.

Thus, in this period, there was a close alliance between the reasons mothers gave for wanting to breastfeed and the advice outlined in the childrearing texts. Breastfeeding was seen as not only giving infants both health benefits and physiological nurturing, but, by giving physical protection, as also helping to forge a unique bond between mother and child. Physical satisfaction and emotional contentment were difficult to ignore: not one mother in this cohort wanted to feed her infant with the bottle unless breastfeeding was unsuccessful. Problems with breastfeeding were plentiful according to the mothers, and the experts did devote more discussion to the pragmatic particulars of technique regarding this method. The 'natural' way to feed was no longer expected to be 'easy', and persevering through the problems of breastfeeding was something expected and supported by both health care professionals working with mothers and babies and the interviewees.

## **Conclusion**

Infant feeding, perhaps because of the intimacy involved, was an emotive topic for both the mothers and the health professionals alike. The influence of the medical discourses was undeniably strong in the women's accounts of infant feeding, throughout the narratives of all three cohorts. The importance attached to feed schedules gradually shifted in the women's narratives, although somewhat behind the changing trends found in the professional literature. The opinions about scheduled feeds, although capable of provoking feelings of confusion and frustration in the mothers' stories, contained less anxiety and emotion than those surrounding breastfeeding.

A sense of guilt and disappointment when breastfeeding proved to be either too troublesome or problematic was woven throughout the stories, with only a few women able to accept bottle feeding without problems. As pointed out in the beginning,



breastfeeding never lost much ground to bottle feeding amongst the women I interviewed, but the contours of this terrain shifted between the periods in its expectations, justifications and explanations. While the use of a bottle as a supplementary form of feeding gained acceptance with each subsequent cohort, the desire to breastfeed one's child was undiminished. Indeed, particularly in the second cohort covering the 1960s and 70s, when the medical rhetoric was the least single-minded about the superiority of breastfeeding over bottle feeding, more women within my research still attempted to breastfeed than the national average. This indicates two things: that as more mothers read childrearing materials the influence of medico-scientific texts seemed to exert more force than the practices and interactions with health care workers when it came to breastfeeding, and that the authority of these texts overrode other 'cultural scripts' relating to the changes of this period. Despite the 1960s and 70s being the most open to bottle feeding – at least partially attributable to the changing expectations and social controls relating to women – this alternative that would allow more physical freedom for mothers was largely rejected.

It is interesting to note that the interviewees' discussions about breastfeeding and bottle feeding rarely mentioned the father's participation. While breast milk can be expressed and then administered through a bottle, none of the mothers interviewed chose this method in order to incorporate the father's help. Those women who did use bottle feeding alone or in a mixed feeding regime also made little reference to men in the early days of child care. The father helping with feeding was recollected more often in the context of older babies; well after the establishment of infant feeding methods in the first few months. Because of suppositions about motherhood and nature, discussed in Chapter Two, there is often a conflation between mothering and nurturing. While it is beyond the scope of this chapter to state a definitive cause for this phenomenon, I suggest that, particularly in the early months of childrearing, most women still feel a primary responsibility for nurturing their babies. Breastfeeding may appear as natural, even universal, because of its physiological occurrence in all women who go through pregnancy and birth, yet there is no singular practice. This suggests that the importance

of breastfeeding is not just in its nutritional component but additionally its place in a symbolic system of gender, in which nurturing is tantamount (Maher 1992:9).

In addition to wanting to provide proper nurturing, what also became apparent as a powerful stimulus to breastfeeding was the previous experience of close female relatives or friends. More specifically, if a woman's own mother or sister was known to have breastfed her children, this served as a normalising and naturalising example for breastfeeding. Following precedent in terms of bottle feeding was not mentioned, but with breastfeeding, it meant not only more expectations held about a mother being successful, but it also lent a mother more confidence in that choice to feed her infant. Interestingly, none of my informants remembered or discussed any intense disagreements with their own mothers or daughters over feeding, and while there were a few references made about mothers-in-law as proponents of structure in feeding infants, these did not include detailed stories of conflict. While I discuss conflict amongst various family members in Chapters Four, Five and Six, in relation to infant feeding, it seems that, according to the interviewees' recollections, precedence and example as normalising breastfeeding was more important than any conflicts over routine. As we shall see in the next chapter, an awareness of each woman's methods within the mother-daughter pairs, namely in relation to the daily care practices of weaning, sleeping, and toilet training, could either reaffirm and comfort or prove a sharp point of contention.





## **Chapter 4.**

### **Settling In: Good Babies, Bad Mothers and New Fathers?**

In this chapter, I move away from the concerns of mothers immediately after giving birth and in the very early stages of motherhood in order to examine the more continuous, ongoing processes of childrearing. The time frame discussed in the narratives around the issues of habit training and the daily routine of care for babies and children usually spanned the first two to three years of the children's lives. As infant care evolved day by day the mother usually settled into her own routine with her children, ideally with increasing confidence throughout the early years of becoming a parent. Yet, despite their increasing self-assurance in caring for their child, many interviewees also recalled moments of self-doubt and questioning whether their childcare met their expectations and assumptions. These expectations were often amalgamations of advice and opinions gathered from family and friends, as well as that offered by their physicians and other medical personnel and the expert manuals that they consulted.

It was within this space, between the actualities of the daily child care and the mothers' expectations, that the interlinked concepts of 'good babies' and 'bad mothers' arose. The concept of 'easy' emerged as a term often related to how 'good' babies were defined. In the previous chapter, we saw how women's expectations of 'natural' and 'easy' mothering affected the early experience of infant feeding, and the residue of such concepts shaped the discussions and discourses of being a 'good' mother. Such assumptions and beliefs are difficult for many mothers to resist, as Tina Miller points out in her longitudinal exploration of the narratives of British first-time mothers (2005: 54-60). Thus, within the context of the daily disciplines and routines that comprise childcare, references to interviewees sometimes feeling like a

‘bad mother’ or that ‘if anything went wrong, it was your fault’ emerged as a rather common motif.

The structure of this chapter is similar to its predecessors; within each time period I undertake a comparison between the mothers’ stories and professional opinions. Changes occurring across the cohorts help to highlight shifts in childrearing methods as well as the different perspectives and attitudes relating to women, motherhood, and children. First, I look at the three areas of routine childcare most often discussed regarding advice and instruction: sleep, diet – which includes weaning and the introduction of solids – and toilet training. The regimens and habit training of small babies and children were bound up with the notions of ‘spoiling’, and the valuation of some habits meant a baby could be ‘good’ – and concurrently, a mother could be ‘bad’.

In the final section of this chapter I bring the role of the father into consideration.<sup>1</sup> During my interviews with the mothers, I enquired about the father, husband, or partner’s role in the childrearing decisions and practicalities. A discussion of the father’s participation is located in this chapter because it was in relation to the daily care of children and their routines that most women commented on their husband or partner’s involvement. Published material did address the role a father could play in the care of his children, and indeed appears to have identified an active role somewhat earlier than was conveyed by my interviewees. Gary Clapton points out that, unlike motherhood, ‘the exact beginning of fatherhood is somewhat ambiguous’ (2000: 58). Ambiguity about which tasks a father was to participate in and how often such involvement was expected was present in both the mothers’ narratives and the expert literature. Nonetheless, the importance of the father’s participation, in whatever shape or form, was rarely questioned.<sup>2</sup>

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<sup>1</sup> As only two women that I interviewed were single mothers, this discussion includes the majority of interviewees.

<sup>2</sup> The specifics of the relationship between the mother and father, such as changes to the dynamics of their relationship after parenthood or a perceived discrepancy in expectations held, are discussed in their relevant chapters.

## **I. The good, the bad and the trained**

The examination of women's approaches to the daily habit training involved in childrearing routines yields a gradual yet constant shift, from rigid regimes to flexible, baby-led methods. In the immediate post-war cohort babies were expected to fall into step with the parents' daily structure as quickly as possible, whereas mothers in the most recent cohort told me they took their cues from the children as to when a change or new phase was to be initiated. The differences in approach and attitude that existed between the cohorts often mirrored the mainstream advice of physicians and experts of the corresponding period, albeit with some deviations within each cohort.

Emerging from the interviews were issues of compliance, control, and 'standardisation', although the associated meanings and complications of these issues varied between the cohorts. While only a few women directly voiced their expectations of controlling their baby and the routine, it was nevertheless tangible in their descriptions of struggles over the introduction of new experiences, such as with weaning or setting a more adult-oriented sleep pattern. These struggles could be either internal, as they decided upon what action to take, or external, involving their child(ren) directly.

Ideas and expectations about 'control' and 'compliance' in relation to daily habits often affected how a mother perceived her child's behaviour. The more a child moulded to the expected and standardised version of child rearing, the more likely a mother would consider her child as 'good', thus assuring the mother she was in control. While the acceptance of 'flexibility' became more widespread within each subsequent cohort, the mothers' hopes and expectations to control the daily routine between mother and child persisted. Sarah, a 34 year old developer, stated, 'I just felt better being in control, knowing, within reason, what to expect day to day'. When a baby or child did not fulfil expectations of the standardised norm many mothers expressed feelings of guilt and failure, and this could lead to an acute anxiety and fear of being a 'bad mother'. The endeavour to fulfil expectations in

some way led to many mothers compromising, both emotionally and practically, between their hopes and the actualities of the routine or childrearing method.

Interestingly, in the majority of cases in which I specifically asked a woman from where her ideas of standards in childcare came, the answers were vague, as most women could or would not pinpoint the specific source(s) of their expectations. They were usually attributed to a combination of materials read, family advice, and the general culture in which they raised their child(ren). Because of multiple sources, the various standards that informed their childrearing often led to conflict and stress in the mothers' lives. Women described feelings of frustration, disappointment, and emotional as well as physical fatigue when routines and behaviours did not fit according to their plans. It was at this point that the language of manipulation and purposeful intent might enter into the conversation. 'The baby will get the better of you', Bonnie, a 54 year old retired teacher told me when she described her approach to daily discipline, which she described as 'fairly strict'.

The suspicion and worry that their child could manipulate them was something heard from women of all three cohorts. However, while particularly the earlier professional literature also conceived of young babies and children as having ulterior motives, most women expressed this idea as a fleeting thought, or even as a humorous possibility. As no mother talked of a baby being 'bad', I see this as an overall acceptance that babies do not act out manipulative strategies, but that the stress sometimes felt by the mothers could lead to the conscious and whimsical depiction of a baby having an underlying motive. The mothers perhaps used this conceptualisation as a humorous tool for venting frustration when they felt the child was 'testing' the boundaries they had laid out. Limits as a deterrent to 'spoiling' will be discussed further in Chapter Five's discussion of socialising discipline in the older child. Compromise was also a recurring theme, illustrated in two ways: emotionally, when a mother compromised her hopes and expectations and practically, when a mother adjusted her method, which I examine particularly in the section on the most recent cohort.



## **Cohort One: a mark of progress**

The immediate post-war cohort, consisting of women whose children were born between the years 1945-1960, did expect their children to follow a routine. The routine was to be set out and regulated by the mothers, with the baby 'falling into' the habits and training. The women's recollections as to the early introduction of solids and commencement of toilet training, as well as permitting a baby to 'cry it out' at night, demonstrated the widely-accepted notion of the mother imposing her schedule upon the baby. However, these older mothers often lacked specifics or even omitted issues connected to habit training. For instance, as opposed to both the second and third cohort, where crying was voluntarily brought up as a stress factor and something to be addressed, only Jean, a 76 year old retired civil engineer, mentioned the topic of crying, and that was in the capacity of a possible injury from a forceps birth. I propose that the 'non-issue' of crying is largely due to the length of time passed between the experience of rearing the young child(ren) and the interview, and to some degree, part of the 'romanticisation' of the memories.

The task of weaning was also possibly subject to a kind of 'romanticisation', as the majority of women could only recall the age at which they thought they introduced solids, which echoed the early timing suggested by professionals. Indeed, it was only Donna, 79, in this cohort who remembered a specific story regarding food, recalling the limited nutritional information of her day, which resulted in her son having carotenaemia from the amount of 'healthy' carrots she fed him. The point of her story was to make clear to me how much more information mothers had today, which would allow them to make better decisions about their child's health. She stressed that she had been acting as a responsible but poorly informed mother, so that accountability for her son's condition was not laid upon her nurturing. The morality underlying much of the women's narratives and the professional advice about diet becomes more apparent in the later time periods. For the rest of this cohort, though, there were no stories detailing the struggles the professional material so often warned mothers about when weaning a baby.

In the mothers' narratives, the issue of toilet training showed examples of mother-child conflicts, but not in terms of 'a battle of wills'. Instead, both Judith, an 84 year old ex-volunteer, and 63 year old retired shop clerk Mairi, recalled the impatience they felt towards toilet training because of the hard labour of washing nappies. The conflict stemmed from the amount and type of work the eldest cohort experienced, as Judith explained:

I got my washing machine when my son [her third child] was seven, so I had all these years of washing, scrubbing, and boiling nappies. There were no disposables.

Most of the women remembered being 'keen' or 'trying valiantly', as Jean phrased it, to accomplish toilet training, seeing its completion as a sign of progress. It was almost as if the struggle with toilet training was between mother and child together against the crudeness of the untrained juvenile body. The self-reliance children achieved when they no longer needed their mother to help them was a source of pride, possibly as a reflection of the child's character – stolid citizens were made out of those who did for themselves. 'Austerity' came to define the 1940s and 1950s, in which the economy, leisure, family, personal life and people's behaviour was characterised by restraint and duty (Brown 2006: 179). The sooner a mother could train her child in all aspects of daily habits, the more responsible she would appear and possibly feel, for she had prepared her child for the behaviour required in the adult world.<sup>3</sup> Here, fulfilling expectations of being a 'good' mother was phrased as 'proper', as when Mairi told me that beginning toilet training while the baby was young was 'proper'.

It is notable that, while in both of the subsequent cohorts it was not uncommon for interviewees to recall a time that they had felt like 'bad' mothers, there were no such comments made by the women in the immediate post-war cohort. Possibly due to the greater expectations of order and structure within daily life during the immediate

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<sup>3</sup> In Eviatar Zerubavel's examination of the underlying meanings of the rhythms of social life, he states, 'one of the most significant characteristics of almost any schedule is its conventionality' (1981: 40). He goes on to argue that in relation to routine and spontaneity, 'having control over the duration of a person's activities is one of the obvious manifestations of social control in general' (ibid: 44). Thus, if a mother's child appeared to be 'respectful' of social conventions in the adult world, she might feel her training of the child's habits, her control, to be successful.

post-war years, it seems as long as a mother remained in control of the mother-child relationship, she was a responsible mother. Additionally, as this cohort was the only one in which the mothers did not usually consult childrearing manuals, there were fewer competing discourses of mothering advice and methods encountered by the women. Thus, instead of focusing on 'bad' mothers, there were more comments about 'good' babies. In the women's narratives, the baby's, not the mother's, actions and behaviour were the focal point. Most often, a 'good' baby was described as placid and content, one who did not cry often, and who immediately fell – or could be shaped with the minimum of effort – into the desired pattern of routine. A good baby was equated with a non-demanding one, for the fewer the demands made upon a mother, the less need for the mother to deny the child anything.

Reflecting the anxieties and opinions discussed in the professional literature, the women often pointed out that babies and young children must be taught lessons in self denial; that everything a baby wanted could not be given. Thus, a good baby that did not make many demands upon its mother meant a mother was forced to deny her child's wishes less frequently, and she therefore experienced less guilt and anxiety about being a 'bad mother'. The women I interviewed were the primary carers of their children for at least the first few years of life, and with the energy and care invested in the development of their child(ren), any perceived compliance seemed to be interpreted as contentment, possibly even appreciation. When I asked Jean how she described a 'good' baby after she had used the term, she commented, 'you know, a contented baby ... smiles a lot'. The most noticeable aspect of this comment here is that, although she did not bring up crying, a smiling baby is not a crying baby.

Several of the mothers stressed to me that, although routine was important in raising their children, they did not rush habit formation or push their children unnecessarily. This could again be the result of the 'romanticisation' of memories involved in habit training, as women from the 1961-1980 and 1990-2004 cohorts made numerous comments about the eagerness and strictness of their own mother's – their baby's grandmother's – attitudes towards 'potty' training. This dichotomy between how the

eldest cohort recalled their attitudes about habit training and the two younger cohorts' stories about their mothers and mothers-in-law might be partially the result of how memories adapt and change through the years. The eldest cohort's knowledge and understanding of *current* advice about toilet training might affect these memories, infusing their own experiences with the more flexible sentiments recommended today. As I discussed in Chapter One, Robinson argued that how we remember our past depends on 'the fit between our current view of things and the perspective that directed the encoding of that experience in memory' (1996: 203). Thus, exactly how such changes in knowledge affected the memories of individual mothers cannot be surmised, and the discrepancy between the cohorts cannot be convincingly resolved.

### **Post-war professional approaches: all in the routine**

The language of preventative health that had become a priority of the public health and hygiene campaigns during the inter-war years, continued into the post-war years.<sup>4</sup> Encouragement of preventative measures through the dissemination of information was also a primary method of the National Baby Welfare Council, formed during the Second World War. During the immediate post-war years, the training of Britain's citizens was thought to begin when its members were young, for here was the future of the country. Effective childrearing became a means to avoid future health and social problems by training British citizens in their earliest days. A worry that modern life in general was abetting the regression of social and moral standards – often attributed to the war when parental discipline and responsibility supposedly weakened its guard – meant that published advice on childrearing during this time was inflexible. I suggest that in the austerity of the 1940s and 50s, the effects of which have been said to have 'defined individuals and their identities', the infant was often viewed as a kind of blank individual that the parents could shape and mould into a well-adjusted member of society (Brown 2006: 180). This process

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<sup>4</sup> For further information about the growing emphasis on preventative methods within public hygiene in general and specifically in maternal and child welfare, see Horder 1945; McCleary, 1935; and McLachlan 1987.

began with habit training, as discussed in a book prepared in part by the Scottish Education Department that addressed housewifery and mothercraft:

The successful rearing of a child depends to a great extent on the care bestowed on him in infancy; that is why it is so important to know what is best for baby ... for happiness and healthy development, a baby requires ... to form good habits (Glasgow (Scotland) Education Department 1950: 62).

The main objective of daily discipline was for a baby to fit into the adult patterns of life with the minimum of disruption. Forming strict habits helped to achieve discipline, which in turn prepared the child for the adult world. For instance, one area that called for early discipline was sleeping arrangements, and during the immediate post-war years the majority of advice advised that a baby should sleep in its own room as early as could be accomplished as well as being put down at the same time every night. Published material accepted that a very young infant might sleep in the same room as its parents inside a cot because of a lack of space, as during the 1940s and 50s the efforts to implement a programme of house-building was on-going. However, the majority of experts believed it best for the infant to be moved to a separate room sometime between the third and six month. Additionally, babies were to be put down awake, without any comforting or rocking from the parents. Both of these aspects of sleep were aimed at getting the baby into a routine where 'independence' could be fostered.

The extent of this drive for independence is evidenced by the support of Dr Spock, a paediatrician who was considered by other professionals to be more lenient than many of his contemporaries, as he advised mothers:

It is well also that he be accustomed to falling asleep in his own bed, without company, at least by the time any three-month colic is over. Occasionally, a very determined type of baby, whose mother has gotten in the habit of rocking him to sleep in her arms to avoid any crying, will gradually learn to fight off sleep for hours to avoid being put down. It's better to let such a baby cry for 10 to 20 minutes a few nights than to get into such a chronic struggle (1946: 98).

Several interlaced ideas regarding the baby's daily routines and discipline are illustrated in this quote. First was the support for separate location, in an effort to avoid later struggles about how much time and attention a parent needed to give in

order for the child to fulfil its routine of sleep. Dependency on what was deemed as too much attention and affection was discouraged, and therefore an early segregation of sleeping arrangements was suggested.

A second point Spock addressed was a multi-layered issue regarding crying, which was a behaviour acknowledged both explicitly and implicitly as attention-seeking. Crying was acceptable when related to physical needs such as being hungry or wet, and to ignore those would be neglectful. Yet, crying attributed to unforeseen reasons was frowned upon and deemed as 'fussy'. A mother was not to respond to all of her baby's cries by picking it up, for many professionals feared the deleterious effects of a 'demanding' baby. Much of the early life of children was set up as a conflict of needs and wants, where the child's desires and the parents' methods were not congruous. Therefore, a mother had to remain strong, and if she were to either continuously pick up her baby throughout the night as it cried, or to hold it until sleep came, this was believed to lead to spoiling. The use of the word '*determined*' in the above excerpt depicted babies and small children as having more agency and purpose of actions than was attributed to infants in the next two cohort periods. In most of the professional literature, 'spoiling' usually referred to a marring of a baby's present behaviour and future character as a well-trained and functioning citizen of British society.

The early introduction of solids into a baby's diet was another aspect of shaping a child's habits, and became an extension of the four-hourly feeding routine that was discussed in Chapter Three, used to better accommodate a mother's routine. An article published by the Glasgow Education Department warned mothers to 'not allow a baby to continuously refuse any specific food', and that regardless of the struggle, 'don't give baby his way for the sake of peace' (1950: 62). A non-demanding baby, it was hoped, would be able to sit at the table with the rest of the family, as part of the process of becoming accustomed to adult life. As a paediatrician wrote in an article on the weaning period, the earlier a baby can eat by spoon with the rest of the table, then the more he 'will more easily learn tidy table

manners and will enjoy his food as he sees the others enjoying theirs' (Critchley 1952: 44).

Finally, early toilet training was advocated by most professionals, and they encouraged mothers to hold their baby over the toilet within the first few months of life. The objective was to accustom a baby to the sensation and understand the toilet's purpose, so as to enable a child to be toilet trained often by one year, but not later than 18 months. One rationale for such an approach was no doubt partly to cut down on the amount of labour in washing nappies, since many households did not own a mechanised washing machine. However, I suggest it was also due in part to notions of shaping a child into an adult. Early toilet training was to ensure that a child did not take on a lackadaisical attitude towards excretions and cleanliness, but took care of its bodily functions in much the same fashion as the parents. The daily processes of elimination into a nappy that was dependent upon the parent for disposal, and included the cleaning of the child and a replacement of nappy, could be an unpleasant task. Despite some psychologists beginning to advocate the view that a baby needed to be of a certain age before toilet training was possible, many professionals continued to suggest that a mother hold her baby over the toilet at an early age to hasten the process of toilet training (Critchley 1952: 46).

### **Cohort Two: are they ready?**

Women in the second cohort, whose children were born between the years 1961-1980, often expressed opinions that supported the strictness of daily disciplines. Yet there was also more women wanting flexibility and less rigid measures in the shaping and timing of habit formation for babies and young children. Some women in this cohort spoke of 'good' babies in much the same way as the mothers in the immediate post-war cohort, but, unlike women in the eldest cohort, some of these women also expressed anxiety over being a 'bad mother'. Usually spoken of in relation to a child not fitting into an expected routine or not following an anticipated timescale of development, this sentiment was not specifically attached to any singular topic, but conveyed as a stress-related worry.

During the 1960s and 70s there was an increasing psychological influence in childrearing advice, and a connection can be seen between the importance attached by professionals to a mother's influence on their children's mental and emotional well-being and the anxiety of inadequate mothering expressed by the interviewees.<sup>5</sup> The increase in psychological concepts and language in childrearing and mothering led to more women feeling a greater responsibility, and questions of 'readiness' and issues of 'timing' in relation to habit training became more prominent. Catherine, aged 63, told me that while one source of her stress was the question of 'what do I do?', there were equally stressful questions about 'when do I do it?'. Uncertainties related to the 'when' of child rearing were especially relevant to weaning and toilet training. Both of these issues were not only crucial to a child's health and physical well-being, but also represented a ground potentially rife for emotional upsets and tensions. Thus, when talking to Charlotte, a 53 year old retired teacher, about toilet training and other daily aspects of childrearing, she responded by saying, 'by my time [1972-1975] magazines were talking about readiness, and you weren't supposed to force it'.

Similar to the women in the 1945-1960 cohort, weaning was not a subject about which many mothers in the 1961-1980 cohort spoke to me in great detail. Of the women who said they could remember weaning, their recollections were mostly related to the issue of age, which had strong emotions attached to its memory. Retired teacher Ellen, 59, recalled that because the professionally recommended age for weaning had changed to the fourth or fifth month she waited to introduce solids for her 'hungry baby'. She could vividly remember her frustration at having a baby that seemed ready to move onto solids, and yet because she decided to follow the general advice, a period of restless, wakeful nights followed. Reflecting during our interview, Ellen remarked that, if only she had been more confident in assessing her own her baby's needs, she would have been much more flexible in her approach. It

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<sup>5</sup> The emphasis placed by developmental researchers and childrearing advisors on a child's early experiences as affecting later emotional, mental, and physical well-being and how this relates to 'intensive mothering' is discussed in Hays 1996.



was the ‘unhappiness’ and stress resulting from her attempts to stay with the suggested routine that caused her to feel at the time that she ‘had got it all wrong’:

Having your baby cry at night because of hunger is very hard. He would be wakeful, agitated ... and I just felt awful, thinking, ‘what have I done?’ You really question yourself as a mother at those times.

Among the narratives, memories of toilet training held the most concerns and worries about getting the habit training wrong, and provoked the most inter-generational comparisons. These recollections were often emotionally charged, but not because of mother-child struggles. When asked about potty training, about half of the women quickly connected these memories to the expectations or role of their own mother or mothers-in-law. Many women in the second cohort told how they waited until they thought their child had some kind of ‘conscious control’, a key word appearing in the professional material about toilet training and relating to the child’s ability to understand about ‘holding’ the urge for the toilet. As the majority of these mothers waited until her child reached 18 months or even until two years of age, they recalled their own mother telling them it was either ‘unacceptable’ or ‘ridiculous’ to wait. As Lorna, 52, described:

My mother was convinced she had all four of us potty trained by 3 months, and was appalled that I wasn’t doing anything by about that age. Through my reading, I realised it wasn’t until a certain age, when they had conscious control, that you should begin trying...

The process of toilet training was therefore relayed to me as an issue of frustration between mother and daughter, where the younger mother often felt ‘nagged’ at for not having her children trained by one year. Only one mother remembered frustrations relating to her child, whereas most professionals emphasised the mother-child relationship instead of the mother-adult daughter interaction. Women’s disapproval of their daughter’s generation as too lax towards toilet training continued into the third cohort as well, but no explanations for their being ‘appalled’ at the delay in training were given. Whether older mothers harassed their daughters because the later age violated their sense of order was never explicitly expressed, but

this seems likely, as an untrained child could possibly be interpreted as a ‘spoiled’ child.<sup>6</sup>

Despite some mothers abiding by strict training, several women in both the 1945-1960 and 1961-1980 cohorts expressed their view that the current approach to child care, encountered as their daughters experienced childrearing, was less stressful for both mother and child than when they had reared their children. Retired teacher Charlotte, 54, wished the increasingly flexible attitudes had been more prevalent when she raised her children, telling me she would do everything differently, ‘I would be a much more relaxed mum now’. Flexibility within the daily routine of childcare, although gaining popularity during the time Charlotte raised her children, seemed to be a subject about which mothers and professionals alike were unsure.

### **Professional opinion in the 1960s and 70s: flexible development**

The most obvious change in addressing babies’ routines of sleeping, eating and toilet training in the 1960s and 70s was the increasing support for flexibility, which was demonstrated mostly through references to a child’s individual character. A baby was recognised as having different needs from adults, and experts began to advocate more individualised timetables regarding developments within habit training. ‘Timing’ and ‘readiness’ became key concepts in the analysis of when the time was ‘right’ for introducing solids, using the toilet, and other developmental ‘milestones’. Discussions on such topics began to distinguish ‘babyhood’ and ‘toddler-hood’ as stages that should be accepted as learning periods, not to be rushed but respected.

More flexibility in sleeping patterns emerged through acceptance of night feeds and comforting, but there was still reluctance to part completely with routine. Professionals’ admonitions of picking up a crying child and comforting it receded as the perceptions of babies as manipulative softened into the recognition that babies could be lonely or simply uncomfortable. Opinions about how often a mother could safely pick up her child without fear of spoiling varied in material published at this

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<sup>6</sup> For a more detailed examination about ‘spoiling’ and its various meanings and uses, see Chapter Five on Socialising Discipline.

time. In one booklet published by Wyeth Laboratories, a mother was advised that although all babies cried and did need comforting, ‘try not to pick him up every time, otherwise he will demand too much of your attention’ (Wyeth Laboratories, 1968-75: 2).<sup>7</sup> While in this excerpt a baby could still be described as ‘demanding’, another pamphlet aimed at new mothers by the Health Education Council stated that it was ‘*never* spoiling to pick up a crying child, even during the night, because crying was not “naughty”’ (emphasis original, Health Education Council early-1970s: 4). Despite some variation in professional opinion, generally experts allowed a baby more opportunity for physical comfort and affection than in the previous period. This shift mirrors the discussion in Chapter Three, where it was highlighted that during these years it became more important for a mother’s love to be shown physically. This extended to the consideration of spoiling and crying. There was also a consideration of what was beneficial to the baby, physically, emotionally, and mentally, that was not as prominent in the earlier years.

A physical consideration for the baby was also behind the weaning advice of the 1960s and 70s. While during the immediate post-war years the most common age advised for the introduction of solids was around three months, by the mid-1960s it was usually suggested that a mother wait until her baby was between four and six months old. A book aimed at new parents published by the Scottish Health Education Unit (SHEU) told its readers that most babies were hungrier between four and six months of age, ‘but if yours is still contented with milk feeds you can easily leave him for another month or so’ (1979: 50). Although the issue of solids was still sometimes framed in terms of younger babies more readily accepting imposed changes, increasingly the focus was directed at how a baby’s body digested different foods, and their increasing nutritional needs. The understanding that babies’ physiology varied in its rate of development meant that rigidly governed standards of feeding became obsolete in the majority of professional advice.

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<sup>7</sup> Several pamphlets do not have a publication date, but through examining the information given (such as vaccinations) and the graphics used alongside an archivist, the approximate time period was determined.

The 'readiness' and individual character of a baby also became something parents had to be conscious of when beginning toilet training, according to most experts' opinions. Most published materials at this time drew upon psychological findings about conscious control and how, without it, a child had no hopes of controlling bladder or bowel movements. The guide 'For Mother', published approximately between the years 1962 and 1967 by Farley's milk food, stated:

No baby has complete control of his bladder and bowels until he is two or thereabouts. Controlling his bowels isn't a 'problem' to a child. He'll grow up and naturally learn to control them as he becomes a more social animal. But you can make it a problem if you bring his attention to it and make him feel sinful ... in time, your child will prefer going on the pot, especially if you introduce him to it at a stage when he is capable of understanding its use (Farley's 1962-1967: 29)

In this excerpt, not only was the age for control pushed more or less a year to a year and half later than in the previous two decades, but the perspective of the child was introduced. The frustration discussed regarding early toilet training was often a conflict of perspectives: adults may have seen each movement and each nappy as a strike against development and growing up, whereas a young baby would discern no issue. In the above excerpt, the 'naturalness' of a body's physical functioning would catch up with the social world's rules, and a baby would cooperate actively in the process of toilet training. If moral overtones were attributed to such physical functions by making a child 'feel sinful' for an 'accident', a baby's 'normal' mental and physical development could be affected. Bringing shame to a baby about its body and functions and treating 'accidents' as violations of a moral code of conduct could lead to strains in the mother-child relationship. When professionals advised about toilet training, a patient and non-judgemental attitude on the part of the parents was identified as becoming more important to the success of these habits.

In contrast to the weakening of morality judgements in discussions of toilet training, the advice about young children's diet increased pressure on mothers. In the 1945-1960 period, discussion of diets were often restricted to suggestions about vitamins, supplements, such as cod liver oil, and the health content needed in prepared meals

in order to prevent serious maladies such as malnutrition and rickets.<sup>8</sup> By the 1960s and 70s, however, mothers were advised on diet and health in order to prevent arguably less severe problems, such as tooth decay and obesity. The SHEU booklet, *The Book of the Child*, stated that sugary foods were to be avoided, as ‘they’ll only make him fat and damage his teeth’ (1979: 51). A proper diet was beginning to signify more than a mother’s ability to help her child thrive in life, but also her ability to prevent future trouble in the valuation of ‘healthy’ individuals.

### **Cohort Three: a little human being**

Among the women whose children were born between the years 1990-2004, the multiplicity of approaches tried and accepted by the women indicated the overall flexibility towards habit training. Most of the women in this cohort seemed to recognise that the advice of experts on childrearing was under constant change and modification, and therefore an acceptance of the sheer diversity of methods developed. The flexibility that began emerging in the 1961-1980 cohorts’ narratives about habit training was a widely-accepted approach by the time the third cohort of women reared their children. Several of the interviewees described their attitude towards the daily routines by telling me their babies and children were just little ‘human beings’, a phrase repeated by several mothers. Thus, the women’s stories emphasised the necessity of finding an optimum routine that pleased both mother and child with the least amount of stress. However, exactly what method would help cement a harmonious routine between mother and child could vary greatly.

The mothers in this cohort were split between those who decided to go with a ‘baby-led’ unscheduled routine and those who wanted to rely on stricter measures when caring for their children. This disparity was most visible in the dialogue relating to crying, often in connection with sleeping patterns. Some of the mothers interviewed,

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<sup>8</sup> During and after the Second World War, the state’s interest in the health of children led to programmes such as The Welfare Food Scheme, which provided expectant mothers and children up to five years old with milk, vitamin A and D tablets, concentrated orange juice, and cod-liver oil in order to prevent malnutrition (National Association for Maternal and Child Welfare 1958: 4).

like 30 year old stay at home mum Eileen, spoke of being able to reject advice that did not suit their baby's personality and character:

Some of it [the advice] I read, and even by the time, say, Katy was eight weeks old, I thought, 'Nope, she's just not the kind of baby that's going to work with'. Some of them were saying by three months, to just leave her to cry, but I knew Katy would work herself into hysterics, so then I just steered clear of advice that took that tactic.

The topic of 'controlled crying', where a crying child is left for different amounts of time before being picked up or comforted in order to avoid 'spoiling', was something about which many women in this cohort spoke. Eileen, for instance, felt it to be an 'archaic' method, one that misrepresented babies and young children, as they 'could not be plotting and manipulative'. By virtue of being only a baby, all babies were 'good' in Eileen's view.

In contrast, a group of mothers in this cohort experienced high levels of stress and disturbance over their babies' sleep habits, and decided to follow an approach others deemed 'harsh'. The compromise necessary between these women's desires – they often told me they *wanted* to be flexible and 'laid back' – and their need for a workable routine, resulted in two emotional reactions. First, they remembered how hard the period of 'controlled crying' felt to them. Hospital nurse Liz, 34, described herself as having to 'pull through' and 'persevere, because you have to be quite hard'. In this case, the desire for a baby who could get itself off to sleep was strong enough for her to compromise with previous approaches that allowed her baby to set the routines. The second reaction came from the completion of controlled crying, when the mothers who 'succeeded' felt they had regained control over the situation.

The compromise between which approach mothers wanted and which method they in fact employed caused some to feel like 'bad mothers', at least temporarily. One might think that because a multitude of techniques was discussed in the public discourse of childrearing, fewer mothers would express this sentiment, but this was not the case. Sarah, a 34 year old developer, felt that she was 'completely failing in the category of mother' because for a while, both she and her first child were not sleeping well or enough. Indeed, perhaps the numerous comments heard from

mothers relating to worries of their being either 'too harsh' or 'too lax' was actually facilitated by the amount of 'space' created by the diversity of approaches and the lack of a singular approach advocated.

This worry of mothers not getting enough sleep might be traced to their plans for returning to work, as the vast majority of mothers in this cohort did. Although most women discussed the tensions of sleep during the baby's first few months, and they were not returning to work, on average, until between the fourth and tenth month after giving birth, the possibility of not getting their baby, and therefore, themselves, into a sleep pattern before resuming employment caused anxiety. For the mothers who did experience on-going difficulties or problems that arose later, attempting to obtain enough sleep in order to function in the labour market could become the deciding factor in how strict an approach they took. For example, Liz, 34, decided to use 'the dreaded controlled crying technique' purely because she had returned to her job part-time and was failing to feel rested.

The mothers who talked of the 'hard' approach and of not wanting to be 'too lax' were usually the same ones who most explicitly expressed their determination not to have children who controlled them, in the way that other friends or family had allowed their children to do. There were several stories in which the interviewee recalled witnessing a friend's, sibling's, or even stranger's child behave in a way deemed as unacceptable. The more 'permissive' and child-oriented attitudes were sometimes felt to have led to many children dominating their parents, particularly in the sense of social behaviour; this is something I discuss further in Chapter Five. In relation to daily events, Chloe, a 29 year old student, gave an example by telling me that any foods her daughter initially refused had been given to her repeatedly, because she wanted a certain amount of discipline at the table and was not going to 'allow her [her daughter] to dictate mealtimes'. 'Allowing' a child would be akin to granting demands. Thus, even the issues less directly related to 'discipline', such as crying, sleep and diet, were seen as areas in which being stricter made some mothers feel they were correcting this undesirable trend.

Many mothers from the 1990-2004 cohort also reacted against what they saw as poor eating habits, identified as a critical childcare issue. Weaning was talked about in much more detail than in the previous cohorts, perhaps due to the relatively short period of time since their experience of weaning their children. In fact, in several interviews, I was told of their future plans relating to food, since some babies were still only a few months old. There was little variation in the opinions about the proper age of weaning, there being almost total agreement on the age of 4 to 6 months in both the women and professionals' opinions, so that now the principal way in which the mothers discussed weaning was in terms of health and nutrition. In my conversations about weaning and solids, the aim of mothers to avoid the childhood obesity and the health problems they saw around them was constantly articulated.

Many mothers saw it as their motherly responsibility, a maternal morality even, to ensure their children were receiving the best nutrition possible. Many told me of making all of their children's food themselves, never using pre-made meals, and using organic food when possible. Chloe, while describing her cooking and use of organic food, went on to rebuke her own parents, as she told me, 'I was part of the TV dinner generation'. Sharon, 29, would not even consider 'packaged' food of any kind, saying, 'I made all his food from scratch; I didn't touch jars'. This was a vehement statement attesting to her care and effort in providing nurturing love. As exemplified in Chapter Three, feeding one's child carried great moral weight for mothers, both in their views and in the opinions of the professionals, and it was in the most recent cohort that food was frequently discussed in terms of health. Perhaps because of the increased dissemination of medical and scientific information, their accountability for their children's nurturing meant they would not be irresponsible by promoting ill health.

Compared to the intensity of concern that diet invoked in this cohort, most of the younger mothers maintained a pronouncedly relaxed manner towards toilet training. Following the consensus of professional opinion, most of the mothers did not expect to start toilet training until their baby was between two and three years of age. Usually, the point of contention for mothers in the third cohort regarding toilet



training was a conflict with the older generation of mothers, either their own mother or their mother-in-law. Waiting for a certain developmental stage to occur before beginning was common. For example, Laura, 34, said that she was going to wait, and ‘when I can tell her to go get something and she brings it back, it will be time to start’. This perception of the need for a certain mental capacity to make toilet training successful was also widely repeated in the professional literature.

### **Professional advice between 1990 and 2004: many paths towards one goal**

Professional advice at the end of the twentieth century and in to the early twenty-first century stressed flexibility and the reliance upon the needs and personality of each child. A multitude of approaches meant that there was no longer a dominant view in the professional texts, except that mothers were to respect their babies as individual persons. Evidence as to the vastly different and rather polarized opinions on childrearing advice was demonstrated by two popular manuals. In 1998, Dr Miriam Stoppard’s manual, *The New Baby Care Book*, told the reader that each day is different and a flexible attitude was adopted throughout the text, while in 1999 Gina Ford’s formalised routine and well-tuned daily schedule meant all habits were timed down to fifteen-minute intervals in her publication *The New Contented Little Baby Book*. So while Stoppard told her readers, ‘as long as your baby is warm and comfortable she’ll be able to sleep almost anywhere’ (1998: 163), Ford argued, ‘... it is crucial that the baby sleeps in a very dark room ... with the door shut’ (1999: 74). The difference in tone is easily discernible, but which method appealed to a mother was not so clear-cut.

Among the myriad ways to settle children into sleeping, eating, and toilet training, some general shifts can be detected. By this juncture, it was accepted by most professionals that there should be no expectations for babies to behave the way adults did, as they were still developing. Overwhelmingly, the advice recommended finding some form of routine that equally suited both mother and child. This ‘shopping around’ through various approaches and techniques relating to the training

of children meant that whatever a mother's inclinations might be, she could find a book or expert that would support and advocate such actions.

Indeed, during this time frame, some professionals advocated a return to the parent setting and controlling the child's daily habits. This was an important continuity with the immediate post-war time period, where the child's routine was to be determined by the parents. However, this similarity of stressing a routine was in fact more apparent than real; in the immediate post-war years, the reasons were based on control and discipline, whereas in the 1990-2004 time period, the purpose was to achieve a harmonious relationship in which neither parent or child was in total control. While the rhetoric was the same, the discourse had shifted, and more importance was placed upon meeting the wants and schedules of the parents in addition to the training needs of the child. Furthermore, in the most recent time period, many more mothers returned to paid employment by the time their child was one year old, so that a routine sleeping pattern took on a different relevance.

Issues of infant and childhood sleep became more contested and more problematic in the last two decades. Views as to where a child should sleep shifted from a consensus that the child should be located in a separate room after the first couple of months, to one in favour of just about anywhere that worked for the family. The issue of whether or not a baby shared a room with its parents and for how long became a personal one. Even allowing children to fall asleep with the adults in a main living room, once an action thoroughly disapproved of, became acceptable as long as it made everyone happy. Such undisciplined approaches to sleep continued to be problematic for some other experts, however, for the area of sleep was one in which the divide between disciplinarian and flexible modes was most evident. A regular routine was advocated by Ford most vociferously, but there were plenty of other manuals focusing on the process of training children into habits of sleep.<sup>9</sup>

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<sup>9</sup> For instance, Dr John Pearce, a professor of child psychiatry at the University of Nottingham and author of *The New Baby and Toddler Sleep Programme* (1997), explains why he views routine as important to sleep by telling his readers, 'Yes, you *can* work on sleep just as you work at getting solids into that small reluctant mouth ... sleeping is one of many habits which, as parents, we need to cultivate in our children ... and he'll [the baby] have learned yet another lesson in his long climb towards independence' (emphasis original, 7-8).

The suggestion that so much concern over a baby's night waking stemmed from unrealistic expectations came from an article by Dr Penelope Leach, a social psychologist involved in child development. For Leach, who was fairly influential among the mothers in the third cohort, child sleeping patterns as an area of continued struggle and conflict challenged the way most parents addressed this topic of daily discipline. She argued that children's sensitivity to amounts of sleep was not avoidable, and this must be accounted for when planning a routine. Leach went on to warn parents that anger or resentment at the difficulties of matching parent-child schedules would only make the matter worse.

It is interesting to note that although in the majority of childrearing manuals during the 1990s and early-2000s there was some mention of mothers returning to work, there was almost no discussion about how a mother was to manage sleep problems and broken nights while needing to get up for work the following day. Texts by Spock (1992), Stoppard (1998), child psychiatrist Dr Pearce (1997) and the National Childbirth Trust (1996) all acknowledged the likelihood of many women returning to work after entering motherhood, yet their discussions on tensions relating to children's sleep habits did not address employed mothers. It may be the case that, given the amount of possible techniques and tactics outlined in the advice, professionals felt it was up to the mother or parents to mould and sort their children's sleep issues regardless of any 'outside' interests or issues, and that resentment over a lack of routine could affect any parent.

Warnings against resentment and anger characterised the majority of expert advice on toilet training, as a specific age for completion was not advocated. With the concept of 'conscious control' consistently used as the rationale, parents were urged to approach this habit as relaxed and calmly as possible. A pamphlet entitled 'First Baby' explained to parents that developmentally, children were not expected to be fully toilet trained until they reached approximately 2 to 2 1/2 years of age, but that even 3 years of age was not to be considered as 'backward' or 'behind' (A Family Doctor: 1988). Having the child's cooperation was an advantage that all parents

were advised to secure, and this usually meant waiting until the child could understand to some degree that others in the social world around them did not wear nappies, and that in order to be ‘grown up’, using a toilet would be desirable. Instead of being an act of coercion, training a child in adult-like use of the toilet was to be an exercise in observing and understanding typical social norms.

## **II. Paternal participation**

Most time and conversation during my interviews with mothers related to their own experiences, recollections, and interpretations of events surrounding the rearing of their children. As for their husband’s or partner’s participation, it was in the context of daily routine care and habit training that most women spoke to me about fathers. Their stories and comments cannot in any way be considered as exhaustive and extensive on this topic, and there are several influential factors not taken into consideration here – such as the occupation pursued by the father and how many hours a week it demanded – because such information was not always revealed. I take this silence in part to highlight the expectations and perceptions the mothers had regarding their own responsibility in the rearing of the children. Burgess (1997) suggests much of this was because children have ‘been women’s trade’ for the last 150 years, and this results in difficulties for fathers:

The idealisation of motherhood, an idealisation which many commentators have regarded as a deliberate tactic to keep women submerged in childrearing, has gradually worn away at fatherhood (1997: 21).

Both Burgess and Fisher (2006) note that fatherhood and its incumbent duties, and the expectations surrounding ‘manly’ behaviour can be incompatible. Moreover, this tension can be buttressed by women’s perceptions, as mothers, as to what tasks and responsibilities are to be done by whom. My interviewees’ descriptions of participation shift from little paternal involvement in the daily routines in the immediate post-war cohort to a more pronounced role in the 1990-2004 cohort. The women’s expectations as to how much the fathers were supposed to participate also follow this pattern, albeit with varying reactions, particularly in the last two cohorts.

### **Cohort One: ‘things were different in those days’**

Amongst women who bore their children between the years 1945-1960, there was an assumption that the practical care of small babies and children was something they were meant to do. All six women claimed the routines of daily discipline were their territory, but with varying perceptions and feelings about this. Both Judith, 84, and Harriet, 75, reacted to this memory with matter-of-fact acceptance, giving me no indication that they had wished for things to be done differently. Several women expressed a certain pride that the children, and all the encompassing activities and decisions, were their ‘domain’, with 74 year old Allison commenting, ‘No, he [her husband] was no good at it, all of that was up to me, for my handling’. Allison raised five children, with all of them described to me as ‘successful adults’, and ‘could have been disastrous’ if left to her husband’s devices. This comment was made jokingly, but it did allow Allison to voice her view that she felt her husband would not have managed childrearing as well as she had.

In this cohort, Donna, 79, was the only woman who expressed a kind of resignation with her situation of providing all the care for the children:

Going back, things were different in those days, he [her husband] didn’t have much to do with day-to-day things. It wasn’t expected of men at that time, maybe he would give a feed but never change a nappy, don’t think he would give a bath either ... it was a very different role that was played, mums just accepted that that was how it was. We didn’t feel we could fight about that, we were just expected to do it.

Donna’s explanation was telling, and seemed to represent the expectations of the day, according to my informants. She compared her understanding and perception of what parenthood is like today to her own experiences, summing up that things were ‘different’ in her day concerning childrearing. Her reasoning for feeling that she could not fight about it might suggest she would have liked to have felt that contesting this ‘norm’ could have led to a change in behaviour. However, Donna perceived the ‘norm’ to be too steadfast for her husband to act outside of such convictions or for her to request a shift in the allocation of childrearing duties.

Donna continued by emphasising that this did not mean her husband had nothing to do with the children in all respects, as he was 'quite good about playing with them'. Both Allison and Mairi also mentioned this same kind of involvement of their husbands. Burgess points out that during the first half of the twentieth century, the image of the good father that was 'relentlessly promoted' was one who was a pal and confidante to his children (1997: 21). On the evidence of my interviews, interacting with a small baby that was not yet able to control its own body, much less communicate in the same way as adults, was not an expectation of fathers during the immediate post-war years. A 'good' father was considered to be one that provided for the family, so that the women could look after the children. None of these women held paid occupations after marriage except for Mairi – out of financial necessity as her husband was stationed in another country – and all but one seem to feel satisfaction that their husbands had fulfilled their interactive role by playing with the children and possibly sometimes putting them to bed.

### **Post-war professional opinions: the disciplining father**

In the professional literature of the period 1945-1960, one of the most outstanding indicators as to what expectations were held about a father's participation in childrearing was the intended audience of the materials. Very rarely did childrearing literature seek to address both parents, and still less, just fathers. The opinion that caring for babies was primarily women's work persisted through most of this period, although just how separate the spheres of work were to be between a mother and father varied. A rather extreme example of the traditionalist view came from Dr Grantly Dick Read, an obstetrician who was considered the father of the natural childbirth movement, writing for The Council of the Seven Beliefs.<sup>10</sup> Both Dick Read and the Council produced several articles and pamphlets aimed at demonstrating that child-bearing and rearing were not only important, but also the

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<sup>10</sup> While Dr Grantly Dick Read's position as the first president of the UK's Natural Childbirth Trust in 1956 might be considered as having been progressive, his involvement with the Council of Seven Beliefs underlined his more traditionalist views. The Council, viewed as 'traditionalist', considered strengthening of the home to be Britain's first need, and aimed to further this by 'seeking to counter-act the drift [toward individualised pleasure-seeking and higher standards of living] by reemphasising the older values of duty, frugality, home crafts and the home-staying mother' (Folsom 1945).

main province of women; one article lamented the lack of provision for ‘young women to have families’ (Dick Read 1945: 172). Young men having families were ignored.

Dr Grantly Dick Read’s opinion that the father’s role included the determination of the general rules of the household was not extreme in comparison to other sources. For instance, according to Zoe Benjamin, an Australian lecturer in psychology and education, a father was necessary regarding any disciplinary actions or decision-making, but in her ‘Education for Parenthood’ pamphlet, she did not suggest that fathers venture into the care routines of daily habit training (Benjamin 1946). Following this way of thinking, although it was the mother’s job to train and guide the children, the father was still expected to provide the overall structure of the home and contribute to the child’s basic characteristics through what I am referring to as ‘socialising discipline’, the subject of Chapter Five.

However, it was also during this time period that some health care professionals voiced a rising concern that fathers were not interested enough in the overall rearing of their children, criticising the persistence of such old-fashioned attitudes. One member of the Women Public Health Officers Association felt that fathers needed to take a more prominent role in the rearing of their children, but conceded that a main obstacle was ‘that so many husbands looked upon their wives as chattels’ (National Association of Maternity and Child Welfare Centres conference: 1949). At the same time, the means by which this objective of enabling fathers to take a more prominent role in the rearing of their children was to be reached was not explicitly addressed. As it was not suggested that they change nappies or take the baby for a stroll in the pram, the vague directive might suggest that fathers discussed child rearing issues with their wives, or asked about their day.<sup>11</sup>

Dr. Benjamin Spock, commonly considered to be a more progressive expert, did actually suggest that fathers try to assist in some of the care of children. He subtly

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<sup>11</sup> Fisher points out in his unpublished Ph.D thesis on fatherhood in Britain that prior to the Second World War, ‘there was a fine line between helping in the home and being labelled with a derisive name like ‘mop rag’ (2006: 53).

admonished fathers for typically waiting until the second year to interact with their children, a practice that seemed to be quite commonly expected and enacted. Directly addressing the reluctance some men felt at taking part in work usually reserved for women, he stated:

Some fathers have been brought up to think that the care of babies and children is the mother's job entirely. But a man can be a warm father and real man at the same time ... Of course, I don't mean that the father has to give just as many bottles or change just as many nappies as the mother. But it's fine for him to do these things occasionally (1955: 29-30).

Spock's stance that fathers could help out 'occasionally' gave more support for fathers' increased participation in daily care than any other professional sources, and while some of the published literature followed his line of advice in the 1950s and 60s, any change in attitude towards the role of the father was gradual.<sup>12</sup>

### **Cohort Two: 'it was before the 'new man' was widespread'**

Despite the fact that many mothers whose children were born in the 1960s and 70s had heard, read, or come into contact with the notion of the 'new man', on the whole most women in this cohort reported that their husbands were only providers of material support, with little or no practical and emotional help. Indeed, only one woman expressed satisfaction with her husband's help, adding that even then it was only 'by invitation'. Most mothers remembered carrying out the vast majority of childrearing tasks, and had as yet to see a sign of the 'new man' that became virtually inseparable from the youngest cohort's discourses of parenting. Bonnie, a retired teacher at 54, was the only mother in the cohort to tell me she remembered her husband as very supportive emotionally, although his work took him away from home often and she 'managed it all'. While some health professionals writing at this time described the 'modern' marriage as a partnership, about half of the women in this cohort spoke of being left to care for the children by themselves, with minimal interest and emotional support from their husbands.

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<sup>12</sup> Spock's 1955 suggestion for fathers to help occasionally in childrearing is shown to be more progressive when compared to Dr Gibbens' (1954) text or Dr Truby King's (1946) childrearing manual. In both books, there were no suggestions that a father bath the baby or possibly give a night-feed.



While in the immediate post-war cohort most of the women seemed to accept the position that, as the 'responsible' mother, they provided the bulk of care in the daily routines, the women in this second cohort expressed frustration, anger, and resignation much more frequently. Fiona, a 54 year old nurse responded to the question, 'Did your husband play a role or help with caring for the children?' with the following comment:

Certainly not. He wasn't there a lot of the time, and when he was, he didn't want, he would like to play with them, but he didn't really want to be involved in much more than that. Sort of the attitude, 'your baby, you do it.'

Several other mothers responded similarly. The majority of this cohort suggested that the baby was their responsibility more than the father's, irrespective of what they desired.<sup>13</sup>

The impression I had from these conversations was that because the media and professional literature of the time was already discussing the 'changes' between the sexes, with equality being touted as a goal within reach, the women's experiences within their marriage and family struck them as unfair and less than acceptable. All of the mothers in this cohort eventually returned to paid employment, a stark contrast to the older interviewees. Catherine, who before becoming pregnant with her only child was a research assistant at a university, quipped, 'It was before the 'new man' was widespread. I tried to make him a 'new man', but it didn't work'. Perhaps the knowledge that society's expectations were beginning to loosen and that men were starting to increase their participation in childrearing merely aggravated the resentment of these women that these changes were not taking place within their own homes. The majority of these mothers, however, returned to work only part-time, and they had to care for the children full-time. The parameters of their experiences in life were different to that of the previous generation, yet the fathers seemed to be changing little in how they participated in the unpaid work of child rearing.

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<sup>13</sup> How this sense of responsibility and role as the primary care-giver affected the women's decisions about paid employment and their emotional states is explored in depth in Chapter Seven.

One complication when looking at the sentiments discussed here needs to be addressed: all four of the women whose memories were strongly negative or resentful had also experienced a separation from the father of their children in subsequent years. Memory can be affected by experiences that took place after the event being recalled, particularly when emotionally charged or pertaining to long-term relationships. As I never spoke with the father or husband, I can only make inferences from the memories of the women as articulated to me.

### **Professional views of paternal participation: the arrival of the ‘new man’**

Professional advice in the 1960s and 70s contained a mixture of opinions and attitudes regarding the father’s role in the care of children. While most authors of published literature viewed it as integral to the successful raising of children, the type of support and level of interaction that was recommended varied, as did the age of the children at which a father was expected to be involved. There was still professional acceptance of a father who was not active in the practicalities of daily childrearing, but there was more expectation that he would actively support his wife not just materially, but also emotionally. Although a father might not perform any caring tasks, as long as he gave emotional support to the mother’s methods the father was perceived as participating. This was representative of the emerging opinion aired in professional publications that while marriage was a relationship between equals, the responsibilities required of each spouse were not the same.

This apparent asymmetry was embedded in the literature of the time. Indeed, a paper read at a Royal Society of Health congress expressed two rather contradictory views within the space of three paragraphs. Dr Gilloran, the author and the Medical Officer of Health for Edinburgh, began by commenting that:

It is average husbands and wives themselves who have altered the pattern of family life so rapidly in only a few decades ... in addition to the strong bond of affection resulting from mutual choice, the basis of most marriages today is mutual partnership, involving companionship and equal sharing. Father can share in all the household chores, even to the extent of changing ‘nappies’ sometimes more efficiently than his spouse (1965: 23).

Yet further into the paper there was a throwback to more old-fashioned ideas, with the statement that the major contribution of a father to family happiness and stability was, ‘still as it had been for generations, as the provider’. Thus, his material support of his wife was perceived as allowing her to provide for the child(ren)’s emotional needs and development.

The indirect involvement of a father with his children during the first year or two was not thought to be uncommon or neglectful. A pamphlet entitled ‘*Mental Health and Character Training: Health of Mother and Child*’ told mothers that for at least the first year, a father’s contact with his baby was only indirectly through his wife:

He [the father] supports her in her ‘mothering’ by his attention to her material and physical welfare, and by showing her that he realises that the baby is her main concern for the time being. Later as the child begins to grow up and become a person, we find father taking an active interest in the toddler and the two of them getting to know each other (Health of Mother and Child 1967-75: 1).<sup>14</sup>

This article therefore endorsed the view that there was nothing unusual about a father not knowing his child well until it reached the toddler stage.

In Chapter Two I argued that it was during these same years that bonding and a maternal ‘knowing’ began to be viewed as connected to the relationship formed from day-to-day care, and perhaps by extension of this argument it was the feminine association of ‘attachment’ to a baby that carried this expectation of delayed interaction from the father. After all, British developmental psychologist, John Bowlby’s, theories on the importance of attachment in a child’s development focused almost exclusively on the mother (1951; 1953).<sup>15</sup> In fact, in the chapter addressing the purpose of the family in *Child Care and the Growth of Love*, Bowlby addressed the relationship between mother and child, saying, ‘each needs to feel closely identified with each other’ (1953: 77). He continued to explore the importance of love to a baby’s development, not bringing the father into the equation until the

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<sup>14</sup> This is a pamphlet that falls into the category of ‘grey’ literature and has no recorded date or publisher, but again, by examining the graphics and information, it was considered to have been issued sometime in the late 1960s to mid-1970s.

<sup>15</sup> Bowlby continued writing about the importance of maternal love, attachment and care in the development of children for many decades, but his 1951, 1953 and 1969 publications are most relevant concerning this period.

following page, and then only in relation to general ‘services’ rendered by parents to their children.

By conflating parenting, mothering and nurturing, both men and women become constructed as different within a biologically essentialist framework (Clapton 2000: 59). If professionals held the view that a mother would automatically understand childcare more than the father, then there was no possibility for the ‘equal partnership’ discussed earlier in relation to parenting. In several different sources, ranging from a textbook for midwives to a pamphlet published by the Health Education Council, mothers were instructed to ‘help’ the father share in the care of their children, and to be ‘patient’ with him. These publications containing such advice were most often aimed at first-time mothers, yet it was assumed they would not need the same assistance and patience as their husbands in order to care for the baby. By suggesting that a mother help the father to adjust while ignoring the possibility of her requiring assistance, professionals implied that the responsibility of getting the father involved rested with the mother.

### **Cohort Three: ‘he’s keen, very hands-on’**

Several women in the 1990-2004 cohort described their child’s father as being ‘hands-on’, a phrase that connotes the physicality of the participation they were describing, the imprint left by the father’s involvement in daily care. Whether the support was more emotional, relational, or practical, almost every woman in this cohort spoke of being content with the level of involvement of the father. For example, Sarah, a 34 year old developer, spoke with warmth as she told me that she ‘would discuss the children endlessly’ with her husband. She never explicitly said that her husband, John, helped her with the daily care of their two children, but instead described a situation where the joint decision-making and sharing of ideas and approaches gave her a feeling of cooperation and encouragement. Like many of the youngest mothers, Sarah repeatedly used the pronoun ‘we’ when telling me of various tried methods and routines, although she did not talk about specific caring tasks that John performed, or any examples of him ‘taking over’. What seemed to

matter to her was a feeling of them being a team, of having her partner there to back up her decisions, and to offer his own suggestions and opinions as to the best care for their children.

About half of the mothers assured me that their husband/partner could and would change a nappy, give a bath or feed, or put their child(ren) to sleep on a regular basis. Apparently, the 'new man' now took over his share of daily discipline, but, as the interviewees understood, on a part-time basis. The arrangement of all couples within this cohort was that the mother would stay at home for some given amount of time while the father continued to hold a full-time job. Even when the women did return to work, it was almost always in a part-time or flexi-time capacity. The most common assertion made by the women was that the father did as much as he could. Compared to the 1961-1980 cohort, there seemed to be more of a correlation between the mother's resuming paid employment more often and more quickly and the father's helping with more unpaid labour in childrearing. Thus, Margaret, aged 37, and on an extended maternity leave period from her publishing job, responded to the question of how involved her husband was with the remark:

[He's involved) quite a lot. He obviously works right now, and I'm not, so I do most of it, but he gets up first thing in the morning with her, and takes care of her before he goes to work. He also helps as much as he can in the evenings. He's keen, very hands-on. And at the weekends we share.

Margaret's phrase that her husband was 'hands-on' connoted the motion and the action involved in the sometimes muddled events of daily childrearing. What most women in this cohort were depicting was not necessarily a perfect split down the middle, 50/50, of all the childrearing duties, but contentment that their husband or partner joined in the motions of daily habit training in some capacity consistent with their work schedule. The interactions of the father-child relationship would not be delayed until the baby was more 'adult-like'. By helping their wife or partner with the routine care of babies, the fathers were reinforcing the sense of partnership that these women desired. In fact, 30 year old Julia, a secondary school teacher, told me her partner took offence at the constant references in public discourse to 'mother and

child', insisting that fathers needed to feel more included if they were expected to be more involved.

In this last cohort, three quarters of the mothers were taking a temporary break from their careers while planning to return at a later date. I see the increased participation of the father as crucial for the partnership style marriage. The interviewees' satisfaction that the work they were doing within the home was not just 'women's work' was likely to be based on the increased amount of cooperative discussion and decision-making; although the mothers were still carrying out more of the daily care, most viewed this situation as temporary. I examine how tensions between the labour market and childrearing affected the interviewees' experiences in Chapter Seven, but the pertinent point here was that, although the actual work put into habit training by the father might not equal that of the mother, for most of the mothers some practical involvement in addition to emotional support was enough.

### **Professional opinions of the father's role: the modern father**

Not unexpectedly, the 1990s and early 2000s witnessed an explicit and widespread expectation of what a father contributes to the daily care of their children. The vast majority of published materials within these years contained a section specifically for fathers, encouraging their involvement and the benefits of such participation. However, that a specific section continued to be needed in order to address a father's involvement and role highlights the continued asymmetry in expectations.

Not only did the father's involvement in the care of small babies and children become viewed as acceptable, but non-involvement became the unacceptable exception. At least in the written texts, it was no longer enough to comment on the fact that many fathers were now participating in the daily care of children. Now, a father was actively instructed to become 'hands-on' and to be completely competent in all aspects of childrearing routines and habit training. Indeed, Spock changed the newer editions of his manual in order to press the point that fathers should participate, going so far as to say that 'fathers should be able to do all the jobs of

childcare as well as the mother', for the benefit of the child's security and in the spirit of partnership in marriage (1992: 27).

Most professional sources also continued to acknowledge that it was still the father who remained in a full-time job while the mother stayed at home, yet 'partnership' became the central theme of parenthood. The term evolved from its usage in the professional texts of the 1960s and 1970s, in which it had indicated the status of husband and wife within the marriage union. It was now more specifically aimed at the practices of childrearing, in which the ideal was for both parents to become interchangeable. While this was the stated expectation within much of the literature, it also became apparent that interchangeable was not necessarily defined as identical. Most of the pictures within these texts were of women, and within the discussions of the father an assumption of his holding a full-time job was rarely questioned. The father's role became 'equal partnership in the evenings and at weekends', as a National Childbirth Trust Guide stated (NCT: 1994). The crucial difference seemed to be that staying at home with the children was considered as difficult as an outside job, and therefore when both parents were home, the duties of childrearing became shared. What many of these publications did not address was how much of the childrearing tasks fathers were expected to take on after the mother returned to the labour market. It seems that this was something the experts were not willing to dictate.

## **Conclusion**

In the day-to-day care of babies and young children, implicit and explicit references as to what made babies 'good' and what could make a woman feel like a 'bad mother' ran throughout the interviewees' narratives. Most of the mothers in all three cohorts echoed the professional opinions of the same time period regarding habit training. In the immediate post-war years of 1945 to 1960, the women primarily used strict routines as lessons considered necessary for character training. They were performed in the hope of rearing babies and children who were not demanding of their mother, but who fitted into her routine with relatively few complications. The

baby who could fulfil this desired behaviour became a 'good baby', yet if training produced any problems, older mothers did not talk of feelings of being a 'bad mother'. For the women in this cohort, the moral undertones of childrearing primarily implied a mother taking charge of the routine and her preventing a child from becoming 'demanding'.

The 1960s and 70s represented a transitional phase in both the women's narratives and the published material. Within the second cohort of women I interviewed, the majority of women continued to follow rather strict routines, for concern remained over 'spoiling' and over the damage caused to a baby which was 'controlling' the parents. Yet there were also mothers who saw advantages to a more baby-led approach and this was in part due to psychology's growing popularity and use within childrearing. As in the eldest cohort, concepts of a 'good baby' were expressed by the women in the second cohort, but the anxiety about being a 'bad mother' also entered the narratives when training became problematic. Having to navigate through the conflicting pieces of advice was likely to have increased the women's sense of accountability in the care and health of their children. This, in turn, contributed to more women feeling as though their mothering was flawed, and the phrase 'bad mother' seemed to be an indicator of such anxiety.

Professionals' attitudes showed a divide between the advocacy of more disciplinary methods and more individualised and flexible training. The support for flexibility was increasing in part because of the influence of psychology and its approach of dividing the development of children into stages. One aspect of childrearing that the experts did not address, however, was the increasing number of women returning to the labour market after having children.

Lastly, in the experiences of the youngest cohort, from 1990 to 2004, a routine that suited both mother and child was considered optimal, and whatever means were necessary to accomplish this mutual benefit were acceptable. Friction and conflict were to be avoided – much as in the first time period – but not simply in order to avoid spoiling, but in order to preserve the child's ego and the relationship between



parent and child. This abundance of possibilities caused stress as well, and the ‘good baby’ and ‘bad mother’ idioms were also heard from this cohort, especially in relation to episodes when the women felt they must adopt a measure usually deemed as ‘harsh’ or ‘difficult’. Additionally, the personal morality many of these women felt regarding their child’s diet and health as well as their future lifestyle revealed how such individualised routines of care could affect the mothers’ sense of responsibility.

The involvement expected of and received from the children’s fathers did change significantly over the time periods. In the immediate post-war cohort, mothers little questioned the roles of each parent and did not expect to receive much help from fathers, as they considered themselves the primary caregivers upon having children. The majority’s withdrawal from any paid employment upon marriage and childrearing also played into the fact that these mothers considered the training of children as their domain.

The more involved father professionals identified in the 1960s and 70s was part of the emerging notion of equal partnerships in marriage, but the women’s narratives told a different story. For the majority of mothers in the second cohort, the feeling of being left to take care of the baby alone with little help from the father was a common one. As I discuss more fully in Chapter Seven, mothers of young children during the 1960s and 70s experienced a tension between competing moralities over staying home or returning to work. In relation to who did which childrearing tasks during this time period, it seems as though women were again caught between two competing conceptualisations. The ‘new man’ had supposedly arrived, just as more women decided to combine motherhood and employment, but in the actualities of the interviewees’ lives, the increased participation of fathers in the bulk of care-giving tasks did not materialise alongside the mothers’ increased participation in paid labour.

For the final cohort, the concept of ‘partnership’ took on a fuller meaning, one where both spouses were active parents. The modern father was one who was active

instead of passive, participating in a 'hands-on' fashion by performing daily chores of caring as well as the mother. Even if practical help was not directly spoken about during the interviews, a feeling of partnership came through with the repeated usage of the collective 'we', and an expressed satisfaction that the decisions were being made jointly. Practical help from the father during the evenings and the weekend was welcomed by the mothers as a marker that child care and daily discipline was no longer deemed as only women's work.

## **Chapter Five.**

### **Difficult Discipline: Kinship, Citizenship and Contentment**

As a baby grows into a child, disciplinary practices evolve from the training of the child's daily habits and increasingly focus on prescriptions and social 'rules' expected by the parents. This chapter examines what I refer to as 'socialising' discipline: the process by which parents teach their children how to behave inside and outside the home, and this encompasses notions of how a child should interact with family, friends, and strangers. Socialising discipline also includes the values, attitudes, and characteristics that parents want either instilled in their child's personality or incorporated as a part of their moral system. The interviewees' narratives on various aspects of disciplining their child did not focus on a specific age, but usually concerned younger children.

The first half of this chapter is an exploration of the women's narratives about socialising discipline. I begin with a discussion that cuts across the cohorts in order to address theoretically continuity and change through behaviour training. Without prompting, the majority of mothers began speaking about their own upbringing and socialisation in relation to their disciplinary decisions. It became evident that for most of the interviewees, finding some kind of continuity with their own 'background' – a popular term examined shortly – was important for making decisions and for making a connection to the family. Drawing upon the past provided a means of linking the generations, through values and attitudes, which in turn established a connection to the future.

My discussion of the connections between familial histories, practices, and values and socialising discipline incorporates several ethnographies and examinations of Euro-American kinship. David Schneider's (1980) exploration of the symbols and cultural meanings underpinning American kinship highlights the centrality of biology

(most often expressed as blood and genes) and sexual reproduction in defining how people are related. If, in the English view of kinship as Marilyn Strathern (1992b) suggests, kin relationships are about how individuals are connected to one another, primarily envisioned in genetic terms with social relations 'regarded as after the fact', then a child as the product of an act of both biology and 'love' can represent the genetic and social merging of its parents (ibid: 78). Interviewees' narratives of socialising discipline often included idioms of 'merging' alongside the discussion of continuity. Bob Simpson's (1997) discussion of divorce in Britain points out the difficulties and disruptions it can throw up in the continuity of relationships, and the various ways exchanges and obligations are talked about by those involved. Continuity within kin relationships – between the parents and child as well as multi-generational continuity – was a central theme of discipline. Thus, Janet Carsten's (2000) exploration of the reunions of adults in Scotland who were adopted at birth helps to underline why individuals feel a need for a connection to their familial past and future in the present.

In the rest of section one of this chapter, I examine within each cohort interrelated aspects of discipline including degrees of strictness, attitudes about types of punishments, and how discipline 'succeeds'. For women in the immediate post-war cohort, socialising discipline followed rather rigid guidelines in which the parent was clearly in a position of authority. Being 'strict' was a way in which a child could be taught self-management, desired because, as with the habit training in Chapter Four, this was seen as more representative of adult behaviour. Of those who gave birth in the 1960s and 70s, about half of the interviewees spoke of allowing some flexibility in their approaches to discipline. This was usually based on two increasingly popular ideas: that children were individuals, and that children went through different age-related developmental stages. Many women felt that, by becoming more flexible and more easy-going and 'friendly' than their mothers, they were encouraging their children's distinct personalities and interests. In the third cohort, whose children were born in 1990-2004, the quality of interaction between themselves and their children was of the utmost importance. Using a more reflexive approach, these mothers wanted to take their cues on discipline from their children as much as from

the experts and their own upbringing. Yet, many mothers in this cohort also felt that relying on such emotionally and psychologically grounded techniques put them into a difficult position regarding ‘consistency’ and ‘control’.

It is important to remember that the term ‘family’ and its inclusive aspects, one of which is disciplinary practices, is complicated because of its inherent overlapping with the domains of sex-roles, economics, religion, and class. Some academic studies, particularly by sociologists and psychologists, use class as one way of discussing variations in disciplinary practices and the desirable values parents wish to instil in their children through training or types of punishments (Kohn 1976; Luster, Rhoades and Haas 1989; Hoff-Ginsberg and Tardiff 1995). While the importance of class should not be ignored, I do not situate my analysis of socialising discipline within factors of class. Throughout most of the interviewees’ narratives, class was submerged, and there was no explicit discussion of class in connection with socialising discipline. The lack of explicit discussion regarding class may reflect the middle class set of informants’ associations with and interpretations of issues of childrearing. The absence of discussion might also be taken as significant in that it possibly points to the increasingly standardised developmental aims for young children and ways of discussing childrearing.

In the second half of this chapter, I examine the professional literature for the three time periods. Professional advice on the goals of discipline and the best methods by which to achieve these goals demonstrated a rather marked shift between 1945 and 2004. In the earliest time frame, the immediate post-war years, views on discipline were a residual reminder of the strict austerity of the Inter-War years and the Second World War, where self-control over one’s actions and emotions was upheld as proper behaviour. Parents were to ‘manage’ their children, remaining calm while disciplining and teaching their children, and, in turn, the children would learn the value of self-control and judgement.

In the second period of the 1960s and 1970s, a growing concern among the professionals can be discerned surrounding the future personality and personal well-

being of a child. Changes within British society were making alternative moralities more visible, but these changes did not take place quickly, leading to a variety of professional opinions. Discussions about discipline increasingly made explicit the role development played in a child's personality and character, while not abandoning altogether the same language found in older literature. It was not until the last period, 1990-2004, that these views underwent a more marked transformation, with the overriding notions centred on what was appropriate and 'normal' in the stages of 'toddlerhood' and 'childhood'. Qualities aimed for in most adult relationships, such as respect, communication, and 'openness', became the proper way to socialise a child, and if these guidelines were followed, the need for punishment or tension would be reduced.

## **I. The Narrative Take on Discipline**

### **On continuity**

In the women's narratives, a future orientation informed and underlined the discussions of discipline in two ways. The first, which directly expressed a concern for a child's manners, personality, and relationships with other people, will be discussed within each cohort. The second means was more subtle, indirectly referencing the future when the often used phrase 'learned behaviour' was used by interviewees in connection with their disciplinary decisions. This was reflected in how the women spoke of 'drawing on their own upbringing' in order to decide upon disciplinary matters, often as a means of providing continuity in family practices. This resonates with the conceptualisation found in Simpson's discussion of men and women's expressions of discontinuity and continuity after divorce in Britain. As Simpson suggests, '... in cognitive terms, kinship locates and classifies people' (1997: 736). I suggest that by drawing upon one's own upbringing, a parent located their disciplinary practices within the familial framework.

In this way, practices and values of older generations – for my research purposes, the grandparents, or first generation – could endure and assist not only in shaping the practices and values of their children, the second generation, but also in the character formation of their grandchildren, the third generation. Fiona, 54, explained that part of her decision-making process regarding socialising discipline involved, ‘looking back at how I was raised’. Maintaining links and relationships between family members seemed to lie beneath the numerous statements of interviewees ‘leaning on’ or ‘turning to’ how they were raised. By referencing their upbringing, mothers were looking to pass on and copy the practices, values and attitudes they found satisfactory, teaching their own children a certain ‘way of life’. Therefore, the decision to draw upon the past also prepared the children for the future, uniting past, present, and future considerations of kinship.

It is within this ‘history of kinship’ that generations connected, and it is useful to consider Carsten’s discussion of adoptees’ experiences of temporality, biography, and memory in Scotland. Carsten underlines the importance of establishing a sense of historical continuity in an adoptee’s personal biography, in order to give a, ‘sense of a past and a future in the present’ (2000: 689). If a sense of self requires historical continuity, so too does a sense of familial kinship and identity. Socialising discipline and the inclusive concerns about character formation, values, and personality traits become a primary means of providing ‘a past and a future in the present’ within the familial framework, where older generations influence the practices involved in the upbringing of a child in order to (possibly) create a specific kind of person in the future.

When 33 year old Eileen told me that she considered her ‘background to be the greatest influence’ on how she raised her two daughters, she was implying that, for her, the past was indispensable for their future, the preparation of which was taking place in the present. ‘Background’ was another word commonly used by the women. It can refer to someone’s history or character, or be used in a context of past information that informs a current topic or issue. To this effect, background is an integral, albeit not immediate, part of a composite story. It is often said that one

cannot understand such a story unless the background is known, and therefore the past, more or less prominent, cannot be separated from its present or future existence.

Drawing on the past did not, however, preclude any changes or alterations to the interviewees' 'background'. An interviewee's discontinuation or change from an attitude or behaviour from their upbringing was usually not to negate or shun the first generation's discipline, but to improve upon it. For example, 64 year old retired teacher Ellen recalled that, overall, her mother's approach and discipline was one she agreed with and had wanted to continue with her own children. Although she described herself as a disciplinarian, when it came to playing with her children, she felt she had understood their need for activity better than her own mother:

On the whole, I just did things that had been done with me when I was growing up. The one thing I did differently than my mother was I played with my children more, and spent more time with them just talking. I think discipline-wise, I was freer than my mother – I didn't mind if on a rainy day we got out lots of paints and made a mess.

It can be argued that Ellen considered her changes to socialising discipline as aimed at adding to and improving upon the upbringing of her children and her relationship with them in the future. This could be in comparison to her childhood, in which her own mother perhaps did mind if a mess was made on a rainy day. If, as some professional childrearing literature contemporary with Ellen stated, it was possible to mar future generations with errors in training, then 'correcting' or 'improving' training could also enhance and enrich future generations.

For the vast majority of mothers in this research there was not only the continuity of one family but the combination of kinship histories between the mother and father/partner. Two kinship histories, and arguably more, flowed into a new form that reflected both parents' experiences and memories. A negotiation process occurred where both parents tried simultaneously to retain continuity with their own upbringing while also merging their history with that of the other parent. The merging of two kinship histories meant a sharing of practices, attitudes, and values, which became visible in the child's rearing. Such visible imprinting also meant that



while the presence of each parent's kin – the grandparents, aunts, siblings – might not have been constant or particularly strong, a connection exists nonetheless.

The strength of that connection between the child(ren) and each parent's family often relied upon how similar the parents perceived their upbringings to be. Some women, like hospital nurse Liz, 34, stated that her own and her husband's ideas of discipline were so similar that no disagreements had yet been encountered. She explained that they 'came from very similar backgrounds'. When a mother and father came to some kind of understanding and agreement about how to discipline and socialise their children they were combining the influences of how they remember their own parents' treatment.

By using Schneider's 1980 [1968] account of American kinship and Strathern's 1992 portrayal of English kinship in the late twentieth century, I can make some suggestions about the overlapping of kinship histories. Sex can be seen as a unity of two people, as can marriage, and the vast majority of women I interviewed were married to the children's father. A person's characteristics are often referred to as coming from either the mother or father's *side*, implying each parent's wider kinship relations. This conceptualisation implies that such traits, like 'his father's impatience', follow the same lines as biological substance, such as blood or genes.<sup>1</sup> Thus, the transmission of personality traits from parent to child could be seen as similar to physical traits: uncontrollable, and something left to chance. It would be impossible to determine whether a child would inherit its mother's sense of humour before the fact. As Strathern points out, in English kinship, a baby is 'new', and the possible combinations of characteristics the baby will be imbued with is an unknown factor, because each person is a unique individual made up of a unique mixture of traits (1992: 75-83). Therefore, it is important, for the sake of continuity, that some

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<sup>1</sup> I am not suggesting that when people use the idioms of a trait as 'coming from' their mother's or father's side, they actually believe that, for instance, a 'sense of humour' is inherited via the blood, although this was a common notion before the discoveries of Gregor Mendel. Thus, the use of such idioms is not to contradict or ignore what Jones points out, in his 1996 discussion of the historical and philosophical aspects of blood and genetics, that 'Mendel showed that inheritance resides not in liquid form in the blood ... but as physical units passed on through sperm and egg ... characteristics acquired during an individual's lifetime are not inherited' (1996: 16). I do suggest that the ways in which personality characteristics and traits are talked about often mirror the way in which genes and physical characteristics have been shown to be inherited.

of the parents' characteristics or traits are purposefully 'passed on' to the children, through the teaching of practices and values.

Because the passing on of specific patterns of behaviour and attitudes requires a more determined and conscious action, 'learned behaviour' gave parents the possibility of making the connectedness of kin extend beyond biological substance. Negotiations must take place between the two contributors in order to find an acceptable combination of traits consciously transmitted to a child. Agreeing as to what kind of discipline would be passed on was an issue of importance for Sarah, a 32 year old developer, and her Danish husband:

Discipline is one area where my husband and I differ, but we try and support each other. We had different upbringings. My husband wasn't disciplined so much ... there was much more structure in mine. I tend to focus more on chores for responsibility, and he's more into politeness and general things.

Sarah explained that while she was growing up her mother's discipline had been focused around responsibility, requiring her to complete many chores around the house. Her husband's upbringing was described as 'looser, with not so many rules', with the emphasis on personal development. He wanted to convey personality traits to their daughters, such as 'kindness' and 'politeness', and while she agreed with these disciplinary goals, she wanted also to ensure her children learned responsibility. Sarah did not go into any explanation about why she and her husband's backgrounds differed in discipline and training, although the countries in which they were raised could very well be part of the explanation. The Scandinavian countries are often popularly characterised as more progressive than Britain. Each parent was trying to retain what they agreed with from their own upbringing, while also incorporating and accepting the values and practices of the other.

### **Remembering and interpreting discipline**

Throughout my conversations with mothers and daughters about discipline and socialising, it became apparent how an individual woman's account of discipline could vary from that of her mother or daughter. Often, the interviews between

mother-adult daughter pairs, which took place separately, yielded memories that were complementary in nature, giving me, the listener, a 'fuller' understanding of the pair's disciplinary interactions during the younger mother's childhood. However, in other mother-daughter pairs, the recollections were contradictory, giving me two varying accounts of the discipline described. The interpretation of the form of discipline used during their childhood was instrumental in how some of the women decided on approaches or methods to use themselves. If a first-time mother decided to follow her mother's example of discipline, it was possible her interpretation was at odds with how the older mother viewed her disciplinary style. Yet the daughter's decision was carried out based on her own memories, not those of her mother. For example, in the aforementioned narrative excerpt from Ellen, 63, she felt that overall, she was more 'free' in her relationship with her children, and was more open and playful than her own mother. However, her daughter, Sharon, 29, told me she remembered her mother as 'very strict' and remembered receiving physical punishments on more than one occasion. It could be that Ellen simply did not remember her level of strictness with her children after so many years, or that their definitions of 'strict' did not coincide.

Sharon's comments did not directly contradict Ellen's account of how she disciplined her, but Sharon's additional information revealed aspects that her mother did not touch upon, like corporal punishment. Their dissimilar narratives helped to illuminate both the selective characteristics of memory and the interpretive nature of disciplinary styles. If what an interviewee remembered helped to shape who they became, as Antze and Lambek (1996) argue, any 'exact' picture or representation of the occurrences of discipline is unachievable, and moreover, not particularly relevant. Sharon's dislike of strict routine and her rejection of 'smacking' as a form of punishment for her own son stemmed from her interpretive memories of her own upbringing.

## **Narratives of Discipline Within Cohorts**

While I have previously concentrated on the kinship aspect of socialising discipline as one of the main themes in the women's narratives on discipline, there were other facets to consider regarding mothers' decision-making. Here we see how personal ideas and desires come into play, whether gained from a past upbringing, from observing their peer's children, or from advice manuals. Indeed, possibly because many mothers sought outside advice about discipline, the women's narrative accounts mirrored quite closely the professional opinions of each time period. Also, many mothers in the second and third cohorts discussed being disciplined by their children's personalities, helping to illustrate that the learning and socialising process could flow from the child to parent instead of in a one-directional process.

### **Cohort One: 'I was quite strict, really'**

Among the women whose children were born between the years 1945-1960, the most frequently discussed determinant upon which their disciplinary decisions were based was how they were raised. Because the women in this cohort relied least on childrearing manuals, their own experiences of discipline whilst growing up, together with what they saw happening among their peers at the time of becoming parents, seemed to be the most influential. As one historian has pointed out, 'the 1950s were identified as a period of stabilisation, and the institution upon which this stability was to be built was the family' (Newburn 1992: 162). Such a focus of attention upon the family did not go unnoticed by the interviewees having children in the 1950s. The mothers in this cohort reported that discipline required a rather 'strict' approach, with expectations that a child would obey the rules set out by their parents and tailor their behaviour to suit their mothers' or parents' instruction. The women's views and disciplinary practices echoed the themes of citizenship, responsibility and self-control that emerged in the professional literature of this same period.

Such a convergence of opinion was likely to be dependent on the social climate of the time. While the war ended in 1945, Britain sustained extensive damage to its

major industrial cities and to shipping valued up to 3 billion pounds (Calvocoressi 1978: 10). The late 1940s and early 1950s were a time of austerity, with ongoing food and textile rationing and the continuing lack of adequate housing. Aspects of post-war reconstruction, such as shifts in the tax and social insurance systems and the public ownership of major industries, indicated the influence of more socialistic attitudes on the government's policies. Moreover, this lent itself to a more consensual style of government and, possibly, citizenship. A sense of deprivation prevailed, arguably felt most by the middle-classes, but there was also hope and a sense of camaraderie for rebuilding Britain (Addison 1995: xi). Future British citizens who were responsible, well-trained adults were needed in order to rebuild the country into the world power and 'great nation' it had been before the wars, and this undoubtedly shaped people's notions of socialising discipline, including the women I interviewed.

The social climate arguably contributed to the reliance of women on the same methods and principles as their own parents, and many women in the first cohort felt that 'discipline came naturally'. They felt that being strict with a baby aided character training, resulting in a sense of judgement in the older child that would lead to less need of overt punishment. The routine discussed in Chapter Four had laid the foundation of character training, with the emphasis on adult-like behaviour extending from early weaning and toilet training to the concepts of 'obedience' and 'independence'. Harriet, 75, reinforced this when she spoke of continuing the strict upbringing and punishment of her own childhood, explaining it in terms of the lifestyle in Britain:

Because my mother was quite strict, I was quite strict with them [her children]. But life was more restricted then in general ... it was post-war, I mean, we still had ration books, you know, things like that. Things were very low-key all around at that time, much gentler than they are now. There wasn't nearly so much money to start with; people didn't have the money to spend like they do now.

Harriet's continuance of strict discipline was perhaps implicitly felt as 'right' not only because her mother's style was the same, but also because a certain kind of restraint was prevalent in the post-war attitudes.

Restraint as a defining aspect of a child's character training required consistency from the beginning. Allison, a 74 year old retired farm owner, felt that child management would be easier to achieve if a 'strict' level of discipline was used from the beginning:

Especially when they were younger, I was quite strict, really. When they're quite small, such strictness takes hold, so that when they're older, I just assumed they would be sensible, like my own mother did with us. I assumed they would have common sense ... an older child would reject a repressive regime of strictness, but when small, it was easier.

Allison felt it was important to use some form of discipline at an early age, and I infer that the 'assumed' result of such disciplinary methods would be a child who was 'sensible'. This mirrored the goals of a child who possessed self-discipline and judgement set out in the contemporary published literature.

The management of children was something all of the women in this cohort felt had relaxed in society since the time they had raised their children, but they had differing opinions about whether or not this was a positive change. While the increased communication and 'openness' of the relationship between a mother and her children were welcomed, the amount of control exerted by the children over the parents in the present day was considered a drawback. This was remarked upon by several of the women, with Jean, a 76 year old ex-civil servant, commenting 'a lot of children could do with more discipline nowadays'. The belief of this cohort that it was the parents' duty to shape their children was further reinforced by the absence of remarks about how their children had shaped the parents' behaviour and discipline style, something more prevalent in the next two cohorts.

Also in contrast to the two subsequent cohorts, the use of physical punishment in disciplinary practices was something the women in the immediate post-war cohort did not discuss explicitly. 'Smacking' was not an issue raised within the discussion of discipline, and therefore conjectures about whether the women agreed with or used physical punishment as part of their discipline are not easily made. This is probably connected to lack of public discourse surrounding corporal punishment

during the 1940s and 1950s, for it was much later in the twentieth century that ‘smacking’ as administered by school authorities or parents became a legislative concern. Indeed, only one mother in the eldest cohort, 79 year old Donna, mentioned physical punishment, and her purpose was to detail which aspect of her own upbringing (being smacked) she did not agree with and had decided to change.

While the professional literature referred to physical punishment as ‘lazy’ or as a demonstration of a loss of control, many experts did not imbue its usage with particular moral overtones. It may be a similar case with the women, so that memories of corporal punishment did not contain as much emotional resonance as it did for the two later cohorts. As none of the mothers in this cohort discussed having smacked their children, it was only during my conversations with the daughters of this cohort that I learned that at least three of the six women *did not* hit their children. It was a widespread perception amongst my interviewees that the practice of smacking had steadily decreased through the decades. It is an interesting possibility that, at least within the middle classes (which my interviewees predominantly represent) smacking might not have been as widely accepted and used in the mid-twentieth century as commonly thought.

### **Cohort Two: ‘I tried to be fair’**

The narratives of mothers whose children were born between 1961 and 1980 demonstrated a shift in the purpose and methods of socialising discipline. A greater emphasis was given to their children’s emotional and mental well-being, as well as to the relationship between mother and child. This emphasis began in the immediate post-war years with the works of authors like John Bowlby, as concern about the stabilisation of the family and about the rise of ‘youth’ subcultures helped to prompt more research into child development.<sup>2</sup> It is likely that the physical and psychological concerns about the mother-child relationship did not disseminate

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<sup>2</sup> For instance, see Bowlby’s *Report on Maternal Care and Mental Health* (1951) or his *Child care and the growth of love* (1953) for examples of his theories on the connections between a child’s physical health, character, emotional and psychological well-being, and their maternal care and home life.

widely enough to begin influencing women's mothering until the late 1950s or early 1960s. Women in each cohort seemed to view their parent's generation as more authoritarian than their own, such as when Fiona, a 54 year old nurse, told me her own mother had not been 'very affable'. Thus, several women within this cohort considered themselves to be more open or 'easy going' than their own mothers had been with them.

Many women in this cohort spoke of the desire to find a style of discipline that was both 'friendly' but, to some degree, in keeping with their own upbringing. Gillian, whose first two children were born in 1977 and 1979, told me she 'leaned heavily' on what had been done with her, adding 'but with some wee adaptations'. Tensions were produced, however, when women attempted to conflate the 'older' disciplinary style with the 'newer' attitude of 'kindliness'. More women raising young children in the 1960s and 70s turned to sources outside of their own experiences and families for recommendations. Linked to this information seeking was an aspect of tension entwined with the interviewees' frequent assertions that 'consistency' was necessary. 'Consistency' became the key to a balanced approach and successful discipline. Consistency also provided some protection from being undermined by others, a subject explored more fully in Chapter Six. Lorna, 52, explained that, although she did draw upon her childhood for examples of discipline, she was not as strict with her three children as her own parents had been with her. If conflicts between herself and her parents or in-laws arose about how she was disciplining her children, she would respond, 'but they need consistency ... otherwise, it will confuse them [her children]'. While women in both the 1945-1960 and 1961-1980 cohorts desired well-mannered children, exactly what consistency represented altered somewhat because the process and goals of discipline became less authoritarian.

As discipline became more flexible, 'cooperation' in the relationship between a mother and her children was emphasised. A child's relationship with other people also became part of the goal of disciplinary practices, demonstrated by the descriptions of several women of their practices as 'people-oriented'. As 54 year old Bonnie, a retired teacher, stated, 'I taught them to respond to people in a way that



made everyone comfortable, to be considerate'. Bonnie continued to tell me that consideration was part of her own upbringing, but she had purposefully stressed 'being nice and friendly' more than her own mother's 'warnings to not be rude or ill-mannered'. This kind of discipline was to facilitate a child's interactions with other people instead of simply to avoid drawing attention to oneself through inappropriate behaviour. Such movement in the women's disciplinary methods coincided with the majority of the professional literature, but illustrated a discontinuity and departure from their own upbringing for several women in this cohort.

Specific points of their own upbringing were something several women consciously decided to change when making decisions about socialising their own children. For example, the idea of all the children in a nuclear family as being the same, a relatively uniform unit, was remembered as causing frustration and annoyance. Gillian, 44 and close to finishing her university degree, stated that while she remembered her childhood as 'a happy time', she did not agree with her parents' practice of viewing her and her siblings as 'the children':

We weren't individuals, we were lumped together as 'the children'. I wanted to promote more individual aspects of my children's personalities and interests, like my eldest daughter took piano lessons but the younger one didn't. We never received much attention on a one-on-one basis, and I very much tried to spend quality time with each child as they were growing up, recognising their separate personalities.

The changing expert perspectives on personality development in children during this period mirrored comments like that of Gillian, quoted above. They remembered that the lack of recognition of individuality caused friction, resulting in their purposefully focusing on the personality and interests of each child. Lorna, 52, explained her views on socialising discipline as such 'I don't think you can set rigid rules for all children, they're too different'. To some women in this cohort, different personalities required different disciplinary approaches.

The 'training' of a parent by their child in the disciplining process was a feature of this cohort's narratives, as the mother's image or interpretation of her

children's personality was taken into account. An approach perceived as a possible source of friction was often avoided by employing another method. For instance, 54 year old Fiona said that when she was developing her disciplinary approach with her second child, she knew she would have to make some adjustments from the practices she had adopted with her eldest, 'I knew I had to go for things with a more softly, softly approach'. Fiona's perception of her daughter was one of a rather stubborn, strong-minded child. She felt that it was not necessary to impose her will and rules to the point of having constant rows or clashes, and this influence of a child's personality on the mode of discipline used resulted in a multi-directional flow of 'training' that shaped the relationship between mother and child.

Perhaps as a result of the increased attention to the mother-child relationship, physical punishment was raised more often as a concern in the narratives on discipline. Despite Catherine, 63, commenting that 'smacking was more acceptable in those days', the women's opinions about the type of punishment varied. Several mothers recollected infrequent or what they termed 'light' smacking, apparently without any apprehension, while others felt quite 'mixed up' about the times they 'smacked'. Gillian, for instance, admitted that although she had smacked her children a couple of times, she felt there had to be 'better ways [of disciplining]'. The increased attention the narratives of this cohort gave to physical punishment does not necessarily mean an increased occurrence, but possibly a greater awareness and consideration of it as a problematic aspect of discipline.

### **Cohort Three: 'I want him to be open-minded and generous'**

Among the women whose children were born between 1990 and 2004, narratives reflected a rather consensual approach to discipline, one that centred on a fluid, interactive process. A flexible approach meant none of these mothers mentioned the desire to have an 'obedient' child. Parenting, and discipline particularly, became a more reflexive activity for this cohort, so that the majority of mothers

took some of their cues on social training from the children themselves. Reflexivity underlined many of the ideals, practices and problems the women in this cohort discussed.

Many mothers were willing to make changes and adaptations to the disciplinary routine based on the feedback from their children. The search for mutual satisfaction in the mother-child relationship meant 'success' in socialising was no longer defined only by the parent, but also by the reactions of the child. For example, Eileen, 31, said she waited to see 'what kind of person' her first child was before determining which approach to discipline she would use. While Eileen largely agreed with how she was raised, she felt the socialising process would be 'more harmonious' if she took into account her daughter's personality, adding that this, indeed, worked well.

Using a child's personality as a factor of disciplinary practices opened up considerably the possibilities of how to socialise them. 34 year old executive Sarah told me that when she had her second child, she 'knew her personality might be completely opposite, so I'd have to start from scratch'. Although prepared to adopt different disciplinary practices, Sarah ultimately decided that her 'loose' style without strict guidelines or severe punishments would work with her second daughter. Sarah took very seriously the individuality of her children, extending this acknowledgement to her discipline. While mothers in the 1945-1960 cohort did not speak about siblings warranting different disciplinary practices, in contrast the mothers in this third cohort frequently raised the issue during the course of their narratives.

According to the remarks of most interviewees, flexibility was to be practised with a consideration for the daily context. Many women spoke about discipline as something more fluid than previous cohorts. As Rachel commented 'each day is different', and this was part of the reasoning behind 'being flexible'. When discussing her approach to discipline, Rachel, 43, felt 'some days are harder than others'. Sometimes, she explained, she just had to decide to sit back and 'let

things play out'. I took her comments not to mean that she did not care about what her children were doing, but that efforts to remain rigid in her discipline would only create more difficulties. Rachel's desire to 'let them [her children] spread their wings' created an ever-shifting relationship between flexibility and consistency that was fairly representative of this cohort's stories.

Several women recalled that basing their disciplinary practices on their interactions with their children created problems with the issue of 'control'. Despite interviewees wanting to keep an element of authority over their children, they found it difficult to achieve this, particularly in light of the emphasis on psychological discipline they felt to be dominant in childrearing texts and in society in general. For instance, 34 year old nurse Liz thought that, 'psychology has replaced physical discipline; we now take away TV privileges '. Because the women in this cohort overwhelmingly advocated and used psychological forms of discipline and childrearing, they could experience a problematic paradox. Controlling their children could come into direct conflict with some of the goals they had set for their children.

'Good' discipline was usually described in terms more psychologically and emotionally oriented than the two earlier cohorts, and character traits such as 'generous', 'kind', 'open-minded', and 'confident in their individuality' were listed as desirable by the women. Amanda, 24, described her disciplinary goals as:

I don't want to be pushy or too strict. I plan on letting him [her son] have a say as much as possible, because I want him to be open-minded and generous. There shouldn't be too much pressure on him to be anything but a kind, open-minded person.

Thus, allowing their children to 'have a say' or 'spread their wings' and become open-minded people while simultaneously retaining some degree of authority became a confusing issue for many mothers.

How the mothers thought they should react when they 'lost' control of their children's behaviour caused uncertainty and stress among many of the women in this

cohort. More than in any other cohort, these mothers very quickly raised the topic of physical punishment in connection to discipline, a likely result of the prominence 'smacking' has had in the public discourses of parenting and education. Physical punishments were almost unanimously vetoed in favour of non-physical penalties, such as taking a privilege away from the child, and many women spoke of actively seeking alternatives to smacking. However, they acknowledged that occasionally in the past, they had 'tapped' their child. Indeed, several times the outright dismissal of physical punishment as a legitimate form of discipline was then amended with a personal admission to a rare 'tap'. This kind of ambiguity is not surprising given the controversial nature of the topic, and this resulted in many mothers intertwining their narratives about physical punishment with their views about parental accountability.

The issue of parental accountability led to many mothers in this cohort voicing concern that their child's behaviour reflected on their parenting. The scrutiny of their parenting skills in a public setting caused many women to worry over any signs of misbehaviour, such as when Sarah said:

I can feel this pressure that if she [her daughter] misbehaves or is rude, I will be so embarrassed. How others, they must think I'm a terrible mother'. I realised how it reflects on you if your child is bad.

This anxiety over accountability in parenting made Sarah feel it was sometimes difficult to exert control and discipline over her child in public because of what people might think. Similarly, Chloe, 29, felt that smacking was not a good solution to a child's misbehaviour, but also considered a 'short, sharp tap on the wrist' as occasionally warranted. Yet she modified that statement by saying, 'of course, that's inside the home, not in public, where you will get dirty looks'. The interviewees' views on and reactions to tantrums provides one example of how fear over public scrutiny and judgement can affect disciplinary approaches. Whereas the oldest cohort and some women in the middle cohort saw tantrums as something not unusual but equally as behaviour needing to be dealt with sternly, some of the women in the final cohort described tantrums as eliciting guilt and causing them to question the adequacy of their discipline and childrearing. The uncertainty over disciplinary practices caused more women in this cohort to seek out manuals and texts discussing

various disciplinary approaches. In particular contrast to the immediate post-war cohort, discipline was not described as coming ‘naturally’ and, instead, these mothers conducted constant comparisons with other parents, watching in order to weigh possible alternatives and amendments to add to the disciplinary style associated with their own upbringing.

## **II. Professional Advice on Socialising Discipline**

The discussion now turns to professional advice and expert attitudes about how parents were to discipline and raise their children, and this includes a brief discussion as to what social and political changes might have interacted with and affected the experts’ opinions. Running throughout all three time periods was the professional opinion that a child’s character depended upon the foundations laid down by parents within the first five years of life. That it was the parents’ responsibility to mould the child’s character was never questioned. However, while experts discussed and imagined children as growing more individual and unique within each successive period, the individuality of the parents – in terms, for example, of circumstances, goals, or experiences – remained noticeably absent. It seemed to be assumed that any changes to the family form or lifestyle would not affect parents’ need for advice on how to discipline their children. The subject of socialising discipline, compared to other childrearing topics discussed in the rest of this thesis, was indeed perhaps where the women’s narratives were most obviously consonant with the expert opinions.

### **Immediate post-war expert advice: proper management, 1945-1960**

In reviewing the immediate post-war professional literature, there can be little doubt as to the perceived importance of socialising discipline in childrearing. The experts’ approach to discipline during this time period was connected to post-war life in

Britain. It has been argued that the effect of victory in the Second World War was to vindicate British institutions such as the monarchy, civil service, armed forces, and the party system (Addison 1995: xi). However, the war had also revealed the persistence of poverty in Britain amidst the evacuations and bombings, and this led to a re-focusing upon family life in the post-war years as one of the primary goals of the reconstruction (ibid: 16-17). It seems that the training of children and citizenship were inextricably connected during this time period, and characteristics such as self-control and discipline were important because the 'mission of reconstruction required a disciplined and purposeful workforce' (Wills 2005:169).

This was well demonstrated by a report of the Advisory Council on Education in Scotland, published not long before the end of the war, in which not only were ideas about citizenship discussed, but were connected to the training curriculum for school-aged children. Entitled 'Training for Citizenship', the purpose of such training was declared as producing 'good mothers and wives, husbands and fathers', as well as to instil a 'spirit of responsibility', and 'to take an intelligent and independent part in community, local and national affairs' (H.M.S.O. 1944: 5). This report listed the qualities of character that were the basis of good citizenship including honesty, self-control, and discipline under legitimate authority (ibid: 14). Its authors went on to state that the character of the future citizen was built upon the tone of his early life, so that it was necessary to teach children the 'proper attitude towards work' in order for them to make a 'valuable contribution' later in life (ibid: 8). The achievement of these qualities, in order to facilitate the country's future development, needed a strict approach to social training. Socialising began early, for it was held that the more strict a mother was with her baby and its routines, it was hoped the less work would be necessary to manage the child as it entered the toddler age and on into childhood.

A properly-managed child would, it was argued, behave in much the same way as an employee within the labour market: in a controlled, orderly fashion adhering to the proper rules and sanctions set out by the manager. The 'Training for Citizenship' Report listed self-control, honesty and discipline as qualities advantageous in

children and adults, and thus, ideal behaviour in children and in employees mirrored one another. In Chapter Four we saw how both mothers and experts deemed a 'good' baby as one that caused little disruption to the flow of everyday life, and here we see the continuation of that model for the older child. Using the language and model of employee management could be seen as reinforcing the dutiful nature of training children in socialising discipline – the parent's job. The majority of professional literature proposed that the prevention of unwanted behaviour was achieved with a careful balance between 'freedom' or independence and 'control' or self-governing.

Too much control in the training of children, and they could turn out dependent, nervous, passive, or resentful. On the other side, too much freedom was said to lead to the failings of a child as unprincipled, lazy, sulky, 'spoiled', and un-co-operative.<sup>3</sup> As all of these undesirable characteristics in adults were put down to the mismanagement of discipline and errors in training during the childhood years, 'learned behaviour' as depicted in the women's narratives could potentially be responsible for marring future generations. The 'Education for Parenthood' booklet, published in 1946 by the National Association of Maternity and Child Welfare Centres, was one of the sources that described the delicate balance between 'freedom' and 'control'. It pointed out that most failings in discipline came from too many parents not understanding the importance of this balance, especially the place that 'freedom' and independence had within 'the democratic way of living' (1946:21). The booklet noted the cyclical nature of British citizenship, stating:

Each parent who brings up a child well is preparing a new generation of parents to carry on the job in their turn (ibid:5).

The need for 'freedom' was advocated by experts as part of citizenship, albeit one that was controlled ultimately by the parent. The recommendation was commonly made for children to be encouraged to take part in decisions pertaining to themselves

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<sup>3</sup> These anxieties about the mismanagement of children by mothers, and the consequent loss of healthy and 'efficient' adults, resonated with late nineteenth century and early twentieth century reports on 'National Efficiency'. The rhetoric of 'national efficiency' was bound up with concerns surrounding high infant mortality, low birth rates, and 'ignorant' mothers (Dyhouse 1977).



so that a tendency for self-government and judgement could develop early in life. Such freedom was to be tempered with responsibility about social rules and the consequences of actions. As a health visitor told other health professionals, 'civilised people in all ages expected children to respect and obey their parents', but the respect was to be reciprocated and 'blind obedience was not the objective' (Robinson 1952: 85). Obedience for its own sake was fairly widely condemned; for instance, in his text for parents, *Care of Children From One to Five*, Dr John Gibbens chastised parents who saw discipline as a life lesson, stating:

Some parents seem to regard it [obedience] as part and parcel of what they call 'the discipline of life' ... They say a child must be broken in like a colt - 'Spare the rod and spoil the child' - but surely this is wrong. There is no virtue in obedience for its own sake, though many parents seem to think so. It should be a response to justice and good sense, not just a blind submission to authority (1954: 119).

It is probable that the advocacy of 'independence' was grounded in notions of shaping a child's behaviour to be more adult-like. However, it was also likely that part of the temporising over 'freedom' and 'obedience' in discipline may have stemmed from a desire to dissociate childrearing regimes from the ideology of Nazi Germany amidst the anti-fascist sentiments of post-war Britain (Beekman 1977). Indeed, Stanley Milgram's well-known 'obedience experiment' was in part provoked by the desire to understand better authoritarian rule, and was, 'set against the background of behaviour in Nazi Germany' (Blass 2004:279). Extreme obedience was singled out as a misconstrued objective of discipline.

The way any infractions of the social rules were to be addressed by the parents was also supposed to be based on 'good' sense. Any disciplinary actions or punishments were to be carried out in a rational, calm, and controlled fashion. Control of oneself, then, was to be passed on by example from parent to child, and Gibbens recommended to his readers that, 'discipline should be logical, not an expression of personal feeling' (1954: 121). Reflections on control, either on the part of the parent or child, were displayed in advice on tantrums, physical punishment, and positive reinforcement.

Tantrums, according to professional opinions, pointed to signs of growing independence, and therefore did not present a cause for concern unless the frequency began to indicate possible ‘spoiling’. Self-control was acknowledged as a difficult art for children, and mothers were told that too much attention of any kind could encourage more ‘voluntary’ tantrums from the child (Gibbens 1954: 142). However, what was not recommended as a reaction was a ‘smack’, because this demonstration of feeling indicated the mother’s self-control had lapsed and mirrored the child’s outburst. Any potential long-term implications of such mirroring were not addressed within the material, but perhaps if a parent were to lose self-control by smacking, displays of intense emotions might be validated from the child’s viewpoint.

Physical punishment was not recommended or supported in the majority of the published literature, with ‘positive reinforcement’ being advised as the appropriate way to discipline children. Dr Spock, who in most areas of childcare was comparatively lenient, was the exception, commenting that ‘when a child disobeys a well-understood and reasonable rule, you can’t simply be a cool statue of justice’ (1955: 19). Spock went on to write that, although he did not advocate physical punishment, (spanking) [was] ‘less poisonous than lengthy disapproval because it clears the air for both parent and child’ (ibid). Positive reinforcement was the best approach, but if it proved ineffective, it seems a direct reaction was thought to be the best form of corrective discipline.

### **The ‘permissive’ years: ‘friendly’ management, 1961-1980**

During the 1960s and 70s, professional opinions were not as consistent regarding the socialisation of children as in the immediate post-war period. The notion of discipline as a feature in the management of children continued to be articulated in a number of publications, but by the mid-1970s there was a more evident flexibility in the discussion of socialising discipline. ‘Controlled management’ receded as the proper way to socialise children. This relaxation in professional advice about disciplinary practices during these two decades, frequently referred to as ‘the permissive’ years, was probably connected to the liberalisation of sexual behaviour,

the family and the arts in Britain. However, Newburn points out that instead of law reforms relating to divorce, abortion, homosexuality, prostitution, and obscenity merely representing a ‘liberalising’ of British policy-making and public attitudes, they shared, at least partially, a shift in the distinction between what was considered public and private behaviour (1992: 158).<sup>4</sup>

As recognition grew regarding different moral values, possibilities for the less powerful – e.g. young, women, and the working classes – opened up. Those citizens and groups who could be described as vulnerable arguably gained more legislative protection from the amendments to laws regarding sexuality, family and other personal behaviour. Thus, there was an increased flexibility and choice for individuals in family and sexual matters, and Newburn argues:

The opening up of opportunities for debate on morals and values by means of restructuring power relationships simultaneously problematised the supposed existence of a uniform morality (1992: 159).

The increasing flexibility in childrearing might therefore be viewed as an extension of changing moral values.

This flexibility did not alter the professionals’ opinion that parents’ responsibility for training their child’s character was one of their most important duties. Errors in training were still thought to lead to future consequences. One pamphlet, aimed at new parents and concerned with many aspects of child health, emphasised that, ‘many mental strains and nervous ‘breakdowns’ in later life could be prevented by proper training in early childhood’ (MOE and MOH 1962: 3). What changed were the implications of mismanagement. Instead of focusing on the future of the country, much of the literature during the sixties and seventies focused on character training in terms of preparations for growing up and adulthood, and experts began to stress more heavily emotional and psychological ‘stability’.

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<sup>4</sup> See Chapter One for details about the changes and dates regarding reforms to these laws and their implications for the family, women, and sexuality.

Stability was to be achieved most easily by parents finding a ‘moderate course’ in their discipline, which in the previous period had been framed as a balancing act between ‘freedom’ and ‘control’. There were still warnings about treating a child either too strictly or too leniently, but in addition, parents were given an added responsibility: to instil self-esteem. For consistent training, parents were advised to encourage a reasonable amount of self-assertion tempered with firm yet kindly discipline. Helping a child to control herself and to enjoy the approval associated with ‘good’ behaviour was to pave the way for developing a sense of self-worth. At a conference of the Association for Maternal and Child Welfare, a professor of child health suggested:

The principle of discipline should be that the child wants to behave well because it does not want to lose its parents’ favour and that wise management was better than punishment. The nice child achieves a great deal more than the clever child who is nasty’ (Illingworth 1969: 399).

We can see two things from this excerpt. First, this view put an added burden on the mother; if a child misbehaved, the mother might worry as to why her child did not mind losing her favour. Moreover, this view signalled a shift in the perception of motivations of a child for obeying their parent’s discipline. Whereas in the immediate post-war years, the motivation was assumed to be the child wanting to follow adult-like behaviour, a child was now to behave according to the parents’ set social rules because of a desire for approval.

Achieving approval was often likened to happiness and love in the professional literature. The term ‘love’ – used to connote affection, approval and emotional well-being – began to be included in the professional literature’s discussions of discipline. ‘Love’ was possibly seen as a way to reinforce the mother-child relationship, for as flexibility increased, the dynamics between parent and child shifted so that cooperation based on affection became more important. In the sixties and seventies, love became an objective not only for the child, but for the parent as well; if a parent could demonstrate their love through their disciplinary techniques, then the child would behave in a way likely to continue obtaining approval and affection.

Positive reinforcement was advised as the means by which parents could demonstrate their love while providing behavioural boundaries. Positive reinforcement was now considered a warmer, gentler way to achieve desired behaviour, whereas previously it had been more of a preventative measure against a parent having to punish frequently. Some publications even warned readers that people of older generations would be likely to compare such overtly 'loving' methods with those of the past decades. As the Health Education Council's pamphlet warned parents:

Modern parents trying to rear their children along these warm and gentle lines may have trouble with older people who regard such techniques as 'soft' and quote the saying about 'sparing the rod and spoiling the child (1967: 5).

'Love' as a method of disciplining a child was also applied to issues of spoiling. Most of the professional literature no longer saw love and attention as the reasons for a child becoming spoiled, but as the way to avoid unnecessary friction and temper tantrums.

The issue of tantrums, addressed frequently by the experts, can be used as an example of approaches in this period. Until approximately the mid-1960s, tantrums were considered an unfortunate but sometimes unavoidable clash of wills, due to the increasing efforts of children to gain independence. However, by the late 1960s tantrums began to be seen as an eruption of uncontrollable emotions that upset the child as much as the parents. The Scottish Health Education Unit advised parents in 1979 that, 'no matter how much he screams 'no' or 'shan't', a child tantrum is always a cry for help' (1979:76). The tantrum was a sign that the child could not cope, and therefore, it was suggested that they be 'loved' out of the frustration. Physical punishment was not recommended, even as a last attempt to 'snap' a child out of it. 'Smacking', most materials stated, was a demonstration of anger, and would not provide the love and approval children needed in order to enjoy behaving for their mother.

Experts also suggested the avoidance of physical punishment because of children's cognitive abilities, for they would not often understand why a 'smack' was

administered. It was at this time that notions of ‘developmental stages’ became more pronounced in the opinions of experts, and the age of the child began to determine behavioural expectations and appropriate punishments. A typical example of this association was in a booklet entitled ‘First Baby’, in which parents were advised that between one and one and a half years of age, a child pushing boundaries was a normal part of development:

At one year, he likes to deliberately throw toys to the ground from his pram or highchair, expecting you to retrieve them so that he can start again. This is not naughtiness, this is scientific experiment and discovery ... At eighteen months, he alternates between clinging to your skirts and then resisting your affections, and he knows he makes you do things for him ... At two years old, when you have to refuse him something or take away an object he has found, he is liable to retaliate with a tantrum ... (Family Doctor Publications 1979: 3-8).

This excerpt shows how behaviour that was not particularly desirable in an older child or grown adult became acceptable as long as it occurred within the designated developmental stage. Children could not be expected to adhere to certain social rules before they were ‘ready’ and ‘old enough’ – in much the same way as habit training of the same time was being approached.

The issue of age appropriateness applied not only to punishments but also to the acceptance and understandings of children’s limitations. The practice of discipline began to include parents helping their children to control their behaviour. The pronounced influence of psychology shaped much of this avenue of thought, with Penelope Leach, a social psychologist specialising in baby and child development, publishing two books on babyhood and childcare during this time (1974; 1977). Leach pointed out that, along with the inability to empathise with others and to make a decision between multiple options, a toddler did not possess the memory capabilities parents seemed to think they had, and could not enact the social prescriptions their parents wished. Remembering prohibitions, using forethought and understanding the deferment of gratification were considered beyond the abilities of children younger than 3 or 4 years of age. Misconception about this often led to much behaviour being labelled as ‘naughty’ and worthy of punishment when it was really a product of incomplete development:

The child does not *know* that mother put the magazines on the table so that he should not get them. He cannot understand that a messy room at 3 p.m. is all right, but that it must be tidy when Daddy comes home at 6 p.m. Far less can he see why squidging sand is to be encouraged and squidging chocolate pudding is not ... (1974: 351).

This excerpt emphasised the limitations of a child's comprehension and understanding, with Leach going on to encourage parents to be patient with disciplining and training their children.

### **Turn of century: relational parenting, 1990-2004**

The professional advice on socialising discipline during the period 1990-2004 continued to emphasise the importance of the first five years of life in shaping a child's future personality and character. Parents were to fulfil this duty, and it was considered necessary not only for children to learn how to be adult-like or to understand social norms, but as Dr Spock's manual told readers, it was also how they learned assurance and 'how they get their own personalities' (1992: 49). In this period there was also a more pronounced description of the child's point-of-view, needs, and role within the socialising process. This intensified focus on the child's perspective signified that retaining a constant quality of feeling and love between parent and child was crucial to the success of disciplinary practices. Indeed, Stoppard, a physician who wrote several books on baby and child health, commented that while 'in the old days' discipline's aim was to impose conformity on children's behaviour, more recently it has been found that, 'children need discipline simply to be happy and well-adjusted' (1990: 272).

The rationale behind much of the experts' advice that socialising discipline should always consider the individual child and the parent-child relationship was probably a reflection of the changing perceptions of the 'family' during this period. The early and mid-1990s experienced a 'succession of moral panics about the 'crisis' of the British family' (Wasoff and Dey 2000: 88). The role of the state in family life was a contested issue during Thatcher's years as Prime Minister, when government pushed for a more traditionalist definition of family.

Children were the responsibility of parents, not the state, according to the traditionalist view. Simultaneously, a major demographic change also affected the parent-child relationship, as parenthood replaced marriage as the defining institution of the family (ibid: 137).

In 1997, a Labour government was elected, with arguably modernising goals for welfare and a policy agenda containing a pragmatic approach. The Labour government took both family and work as two of its core values, along with the acknowledgement of multiple family forms in Britain. The British government had to take into account multiple ideological positions on marriage, divorce and childrearing, so that family ties could no longer be taken as givens, and individual choice played a role even in familial relationships (Finch 2003: 29-30). Thus, the period 1990-2004 first saw the emphasis on parents' duties to raise and support their children alongside the state's loss of any assumptions about the relationship between mothers and fathers. The second half of this period experienced an increasing multiplicity in family forms and ideologies. Perhaps it was, in part, due to such variability and individual choice within family relationships that much of the professional literature within this period concentrated on the quality rather than the form of the parent-child relationship.

The viewpoint that the purpose of discipline was for a child to be happy can be understood as part of these changes. 'Love' continued to be considered an integral part of the socialising process, but the ways in which professionals now framed this connection was more complex than before. An intricate interplay between love, guilt, and empathy were part of the means, as well as the end results, in the training of children's behaviour. Not only were parents frequently advised that they should lead by example in the daily socialising process, but they were also encouraged to manipulate their children psychologically, albeit in a subtle manner. Stoppard told her readers that in the case of discipline, 'your [the parent's] job will be made a lot easier if you use your wits to make it seem as if your child's getting it all his own way' (1998: 259). The advantage of letting a child feel as if they are getting their own way, although not explicitly



stated, seemed to be that it allowed both parent and child to remain in a positive frame of mind while following pre-set guidelines.

Flexibility in discipline facilitated the psychological manipulation suggested as part of discipline, evidenced by an article addressing social skills and attention-seeking behaviour in *Parenting* magazine:

Your job is to take the middle road and to try to balance the need for independence with the need for love and protection ... there are few situations where it is important for you to get your own way ... (2005: 82).

Flexibility through being gentle and tolerant was encouraged as a way for a child to develop their own personality, with professionals making frequent remarks about the 'uniqueness' of each baby and child.

Part of the process of nurturing a child's personality was helping them to become emotionally and mentally competent through building up their self-esteem and contentment. Many professionals associated self-esteem with the personality trait of 'kindness', a goal commonly associated with 'good' discipline. Because parents were told to lead by example, open, honest communication between a parent and child became key, where each made attempts to understand the other's motivations and shortcomings. The prevalence of these goals was made evident by sections in both Stoppard's and Spock's works dedicated to 'sharing', 'encouraging generosity', and 'why we need idealistic children' (1990: 270-271; 1992: 43).

Such an open relationship was advocated as a way to reduce tensions and frustrations, where tact could be used by parents in order to retain a friendly face. A more reflexive and mutually affective relationship was highlighted, as in an example found in the 1992 edition of Dr Spock's childcare manual. In his opinion, most behavioural problems arose when either the parent failed to lay down enough boundaries, or when not enough attention was paid to the child day by day. Both of these situations he felt came back to issues of communication and respect:

Though children do the major share of civilising themselves, through love and imitation, it still leaves plenty for parents to do, as all of us know ... If parents can show children they respect them, empathise with them and will listen to them, then they will do the same with those around them and in the surrounding world (1992: 435-436).

The socialisation process was to be more easily accomplished by treating children as relatively equal in the relationship while concurrently respecting the child's limitations as well.

A child's immaturity and inexperience were the most common reason professionals gave for improper behaviour and misdemeanours. Most experts advocated no discipline for babies less than one year of age, as they possessed none of the awareness or capacity for understanding what was wanted of them. Even beyond one year, the majority of problematic behaviour was attributed to parents, and thus, liability was almost completely laid at the feet of parents, and this meant a certain amount of discipline for parents was required.

In this period, the relatively egalitarian-style of discipline meant more scrutiny of parents' decisions. In the childrearing manuals, the repercussions of parents' 'mismanagement' were explained within the framework of the parent-child relationship. For instance, Stoppard told her readers:

If you become extremely angry over minor misdemeanours and if you do this with any frequency your child will simply be left bewildered and may even lose love and affection for you (1990: 271).

So a parent's lapse during the socialising process could also lead to a loss of love. Several professionals emphasised the emotional intensity and importance of parents to their child as a way to reinforce the 'correct' way to socialise.

According to the majority of experts, any physical punishment was to be avoided. The awareness of age dictated that if a child could not control their emotions or could not remember the instructions given by their parents, striking them was not the way to resolve the matter. Moreover, any infractions due to a parent's incorrect discipline or too high expectations did not warrant physical punishment. Simply put,

‘smacking’ was considered as ‘unkind’. The goal of equality in the parent-child relationship could be jeopardised for no purpose by this type of negativity. Spock told readers that the younger child rarely understood why she was being smacked, and that smacking ‘teaches children that the larger, stronger person has the power to get his way’ (1992: 437). By emphasising the power relations involved in the parent-child relationship, Spock might have been drawing upon the late twentieth century discourse surrounding the rights of children.<sup>5</sup> Regardless, the violence of physical punishment contradicted the qualities advocated by most professionals in the parent-child relationship, and was therefore considered as inappropriate and counter-productive.

## **Conclusion**

I have demonstrated throughout this chapter that the methods and goals of socialising discipline have indeed altered between the years of 1945 and 2004. Also evident was how the interviewees’ disciplinary practices and wishes for their child’s future resonated with the overarching professional opinions of each corresponding period. However, there was a gap between the narratives and the professional advice in how the purpose of socialising discipline was conceptualised. This was most obvious in the immediate post-war period, when many of the childrearing and health professionals discussed socialising children for the sake of citizenship and the state of Britain’s future. While the women rearing their children during these years used disciplinary practices based on the same principles of self-control, management and independence, none of the mothers raised the topic of citizenship. In a less explicit contrast, during the 1990-2004 period, experts emphasised the importance of discipline to children’s happiness, their future mental stability and capacity for ‘healthy’ relationships; none of the mothers in the youngest cohort mentioned the desire for their child to

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<sup>5</sup> One example of the way the discourse surrounding the rights of children have changed both the language of policies, and possibly the language of childrearing experts, was the passing of the Children (Scotland) Act 1995, in which the post-divorce living arrangements of children have been described in terms of the legal terms of residence and contact, which replaced the earlier terms of custody and access (CRFR 2002: 1).

be psychologically sound. The women seemed to simply want their children to be 'kind' and 'generous'.

Another discrepancy between the professionals' advice on discipline and the narratives told by mothers was the relevance of kinship in making decisions about how best to socialise their children. The mothers' narratives made clear that their own upbringing was of the utmost importance to their disciplinary practices, largely because continuity was a way of retaining familial methods and values. 'Passing on' specific traits and ideas about how one should approach life and participate in relationships with other people was very much a goal of socialising discipline in the women's opinions. Ensuring their children learned the behaviour deemed as important to both the mother and the father required negotiation, but was also seen as an accepted part of becoming parents.

Although relatively ignored by the childrearing experts' discussion on discipline, linking the past, present and future generations by means of attitudes and values was something the vast majority of interviewees agreed upon, regardless of which period in which they raised their children. Thus, the women not only needed to negotiate their 'background' with that of the father, they also had to incorporate the directives of the professionals into their disciplinary practices. The intricate complexity involved in familial negotiations in relation to childrearing is the focus of Chapter Six.



## Chapter Six.

### Emotional Landscaping: Making Mothers and Grandmothers

*'I tried very hard not to impose. I'm here if wanted. I will baby-sit if wanted, but I will not appear uninvited. It's a little difficult to find the balance between letting them know you're interested and want to be involved without imposing yourself'.*

Fiona, 54, mother of Julia, 30.

*'I haven't really had as much support from my mum as I had hoped for, because my mum just isn't that type. She's old, she's busy. She's just not that type of grandmother... but she's no worse than a grandmother that's in your face'.*

Sarah, 34, daughter of Allison, 74.

As evidenced in the above quotations from my interviewees, the experience of becoming a mother – and therefore, of a mother becoming a grandmother – is by no means a simple, uncomplicated one. The emotional landscape that maps out familial relationships can become particularly fraught with the birth of a new child. Previously occupied positions of 'mother' and 'daughter' alter, sometimes in a seemingly smooth transition with few conflicts, and at other times, with dysfunctional and problematic consequences. The focus of this chapter is on how the interactions between a young mother and her older mother (the grandmother) are established, perceived, and then reacted upon. Throughout this chapter, the discussions involving the relationship between the grandmother, mother and grandchild(ren) will be referred to either as the inter-generational or three-generational narratives.

It became evident in the narratives involving inter-generational interactions that the emotional experiences of kin could not be sifted out from the approaches and decisions involved in mothering practices. The need to find a balance between closeness and

distance within their relationship caused many mother-daughter pairs to conduct a process of constant nuanced negotiation, in which the perception of too little or too much input could cause tension. To compound this negotiation process, the way in which the familial past, particularly past conflicts, were perceived and remembered by the interviewees continually shaded the way they interpreted and reacted to ‘present’ interactions involving the three generations. Some interviewees could not hide the annoyance in their faces or voices, no matter if the offending tensions took place 30 years prior to the interview or the day before, highlighting the intensity and longevity of these interactions and interpretations.

In this chapter I move away from the structural reliance on cohorts used to discuss the women’s narratives, and instead focus on a few mother-daughter pairs in more detail. This is for two reasons: no pattern or trends based solely on the years in which the mothers gave birth could be discerned when looking at the above themes, and a more in-depth look at the stories told by mother-daughter pairs helps to illustrate the complexities involved in women becoming mothers and grandmothers. The pairs that are examined were very articulate about their relationships, helping to depict the many issues and attitudes that were echoed in numerous other interviewees’ narratives. The trust and confidence many of my informants wanted to gain from their interactions with their mothers was frequently tempered by personal ideas of boundaries and intentions, which in turn could only be understood in a historically relational context.

In the second section of this chapter, I discuss mothers-in-law, none of whom I interviewed but who occupied narrative space in the discussion of three generations. Complications in the young mother/mother-in-law relationship – always examined from the younger mother’s point of view in my research – were often grounded in the issue of access and control, as the mother-in-law had to negotiate her relationship with her grandchild through the mother. This could be exacerbated by awkward boundaries of intimacy and ideas about relatedness; the relatively short amount of time the mother-in-

law and young mother knew each other meant any issues of power or insecurity lacked the emotional ‘buffering’ provided by a more affectionate, long-standing relationship.

In the final section of this chapter I consider the professional opinions about the role of the family in childcare and mothering practices. Throughout the three periods studied in this thesis, covering the years from 1945 to 2004, the necessary presence and function of emotion within the context of the family and childrearing became increasingly legitimised. Analogous to the women’s narratives, the themes of distance – both geographical and emotional – and negotiation run through all three periods. However, in the immediate post-war years the ideology of childcare and family presented the ‘messy’ emotions that were part of family relationships as intrusive and hindering to professional expertise. In the 1960s and 1970s a mixed opinion about the role of the family was evident, simultaneously advocating professional practices over family ones but beginning to appreciate all forms of support such relationships offered. By the most recent period, recognition of the importance of family involvement in the lives of children – largely due to changes in work patterns and child care – meant negotiations between family members regarding childrearing could not be minimised, and a more open approach to emotions was articulated.

### **I. Mothers and grandmothers: a narrative approach**

Throughout this chapter I will make use of two anthropological works. The first is Edwards and Strathern’s (2000) discussion of idioms and kin selection in English kinship. Their ideas about proprietorial identity within kinship in connection to ‘belonging’ assist the analysis of the women’s remarks about their inter-generational relationships. Edwards’ and Strathern’s conceptualisation of a ‘chain’ of associations and claims is particularly relevant in examining the young mother-older mother relationship, in which the young mother becomes the direct link between grandmother



and grandchild. If 'key kinsfolk may act as links, and links act as mediators', then the event of a daughter, upon becoming a mother, stepping into the role of mediator could be perceived as replacing or usurping her own mother as such a key link in the familial network (2000: 153). Although many grandmothers spoke of welcoming the less 'responsible' role they played in the care of their grandchild, some concern over being marginalised in decisions over care practices did arise. I also employ Edwards and Strathern's terms of 'mediators' 'belonging' and 'forgetting' when addressing mothers-in-law, since the common idioms and conceptualisations of being related can distinguish different and unequal degrees of 'belonging'. In this light, participation, whether in the form of advice or physical care, could be viewed as more necessary for the linking process of familial relationships, particularly between the young mother and her mother-in-law.

The second ethnographic study utilised in this chapter is Martine Segalen's work on grandparenting in contemporary France. She describes the 'third age' of modernity; the cohort of people aged fifty-five to seventy-five, who are still in good health and in a position to help their children and parents if needed. This cohort was exactly that of the majority of my informants who were grandmothers. Segalen makes the point that, generally in the Western context, grandparenting, 'is only a matter of status without norms attached to it...' (2001:246). This point was important for my interviewees, for the lack of specific 'norms' was in part the reason that the inter-generational relationship required so much negotiation and systemic 'checks and balances'. However, across the mother-daughter pairs in this research, vague notions of expected 'norms' existed, in terms of participation and involvement, caring and support. It was in the personalisation of such norms – returning here again to the history of a relationship – combined with individual circumstances, that difficulties in establishing roles became apparent. Segalen's discussion of the interactions between grandparents, parents and children in terms of closeness and affective ties was echoed in many women's narratives, where the relationship relied upon some degree of consensus between the younger and older mother about obligations and involvement if any harmony was to be experienced.

In the women's narratives about the three-generational relationship, two kinds of help emerged as relevant. I distinguish between these by using the terms 'emotional support', the giving of sustenance to one's well-being, and 'practical advice', which relates to the practical aspects of care. Thus, help could be either 'supportive' or 'useful'.

Additionally, use of the word 'negotiation' is not limited to an open dialogue of blatant requests, but includes the more subtle adjustments and fine tunings that can implicitly and silently pass between people. In the majority of my informants' relationships, the daughter or younger mother wished for some kind of nurturing in her position as a new mother, with the hope that her own older mother might prove to be a foundation from which she could gain confidence in her mother-care practices.<sup>1</sup> Expectations as to the amount of practical advice, how to bathe and feed babies for instance, varied greatly amongst the daughters. Many young mothers, like Sarah, 34, felt, 'too much has changed since my mum raised us', and therefore did not want or expect many caring tips. Yet it was also Sarah, quoted at the beginning of the chapter, who remembered her mother as not providing her with as much 'support' as she had wanted. A common sentiment running throughout the women's narratives was that practical help frequently became 'buried' beneath emotional support. Moreover, a lack of offered practical help or advice could then be interpreted as a lack of emotional involvement, conflating the emotional with the practical as reflections of each other.

The negotiation process and interactions between mother-adult daughter pairs led to a rather distinct difference in the expression of frustration. Whether or not a mother-grandmother relationship was described as or considered 'harmonious' seemed to be more reliant on the satisfaction of the younger mother, usually the one who spoke explicitly of unhappiness. While grandmothers tended to express anxiety about how their daughter did or would react to their input and action, the young mothers rarely worried about how their requirements and demands would affect their own mothers.

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<sup>1</sup> While I mainly discuss my interviewees as the 'younger mother' and the 'older mother', I also acknowledge that at some point, the older mothers of my research were themselves the 'younger mothers', and that their relationship to their children was temporally and relationally dynamic.

Thus, if a younger mother felt her emotional needs – including advice – were met by her mother, then the relationship was usually accepted and stable. This discrepancy may tie into the positional identities of the mother-child relationship. Despite the ‘child’ becoming a mother herself, when interacting with her mother – indeed when most adults interact with their parents – the younger woman remains the child. Several of the older mothers expressed this, as when 63 year old Effie remarked that throughout her daughter’s pregnancy, labour and early days of motherhood, ‘my concern was for my baby’.

The question of how to balance the re-enactment of the mother-child relationship while allowing the daughter’s entrance into motherhood suitable autonomy was pivotal in many cases. Many of the older mothers described their strategy, exemplified in Fiona’s statement above, as being an available resource when asked for, yet not a continuous presence. The issue of interference resonates with one of Segalen’s points about kinship, first introducing Fortes’ insight that, ‘Kinship is binding; it creates inescapable moral claims and obligations’ (1969: 242). Segalen adds that these obligations are not fixed; they offer a supple framework within which the normative rules are negotiated in each instance (2001: 257).

### **Case studies of mothers and daughters**

In this section I examine three mother-daughter pairs to illustrate my points above. The first pair, Catherine and Laura, demonstrate a relationship which both women found relatively agreeable and mutually satisfactory at the time of the interviews. I concentrate on Catherine and Laura because they were two of the most self-reflective interviewees regarding their relationship. I then look at Emily and Amanda, who also described their relationship as having reached a ‘harmonious’ balance, with different notions of what was ideal from those of Catherine and Laura’s, highlighting the process of personalisation necessary for negotiation. The third pair, Jean and Rachel, each had

different ideas about participation and involvement, without reaching a mutually satisfactory resolution.

***'I thank Granny for that one'***

Laura (34) mother of Leah (9 months) and daughter of Catherine (63)

The narratives woven together by Catherine, a 63 year old retired research assistant, and her daughter Laura, 34, a professional on indefinite maternity leave, presented a relationship that did not initially strike me as close. They spoke in vaguely affectionate terms about each other and were tolerant of each other's life, but came across as slightly distant emotionally. After re-reading the transcripts and recalling each woman's presence, I realised just how alike they were, and how much they themselves recognised this, finding humour and comfort in it. Uncertainties about each other's feelings and their own actions were scattered throughout their narratives. Catherine's overwhelming concern not to be intrusive in her daughter's mothering of Leah, while perhaps not repeated verbatim by other mothers, spoke of the continuous checking some women revealed when gauging their support and advice. In this particular case, the preoccupation with not over-stepping boundaries was intertwined with Catherine's own experience of being a young mother, as well as past interactions between mother and daughter.

Catherine moved to Edinburgh from a farm in the Southwest of Scotland when she began university. At the time of the interview, she lived in a central Edinburgh neighbourhood with her second husband. Laura was born in 1970 and was her only child by birth, Catherine having two step-daughters by her second marriage. Most of the older mothers I interviewed brought their own mother into their stories, and the first time Catherine spoke of her own mother was when we were discussing the birth of Laura and where she sought any help or advice.

*How much did you turn to your own family?*

Very little. My mother and I were not particularly good friends, and um, I don't remember really asking her for any advice, although she had four children. I don't remember involving her to any extent either in questions or in practical things, no.

Catherine reiterated later in the interview how she had not felt close to her mother in adulthood, and 'chose to involve her minimally'. When I asked her more about her parents' involvement and support when Laura was young, she elaborated on why her mother's experience with four children had not persuaded her to seek her mother's advice.

I could probably count on one hand the number of times my parents either babysat or had Laura, as a youngster, a toddler and baby. They took no part, except interference. I mean, everything I did was just not the right thing, and 'that wasn't the way it was done'. Like potty training. 'Good god, she's six months old, have you not got her potty trained yet', that sort of stuff. I just sort of kept a distance because it wasn't what I wanted, and I didn't feel I was getting anything useful.

Catherine felt her parent's involvement to be limited in both emotional support and in the usefulness of the practical advice. She began actively to reject her mother's interactions when she realised that they were making her more upset and unsettled:

*What other kind of subjects or topics did you feel she criticised or interfered in?*

Oh, I think you name one ... (laughs) just about. Um, yes, my mother was never very good at zipping her lip, so she would just say things, and I was, I would react in a fairly volatile manner, usually. I just felt she was interfering. Interfering without much involvement! Until she [Laura] was in her teens, they took her very few places with them, they were just hands off. And I feel like that's kind of rubbed off on me, because it's my attitude as well. It's their children, not mine, carry on.

What made these last few sentences so striking was that, earlier in our conversation, Catherine had told me that although she enjoyed her childhood, from the time of her pregnancy she knew she did not want to be like her mother, who she described as 'unfriendly'. What could be described as a dysfunction of emotional distance, namely interactions labelled by Catherine as 'interfering', led to three main conclusions in her thinking and acting. Firstly, she did not like or agree with the type of support she felt

her parents gave; secondly, because she herself felt frustrated and unhappy with her mother's criticism and pushiness, she wanted to act differently with Laura, and lastly, that to some degree, the past was inescapable and repetitious.

Whether unwillingly or not, by Catherine allowing her mother's attitude to 'rub off', she facilitated the transmission of her previous negative perceptions. However, one way in which Catherine spoke of negating such continuation of her mother's attitude was that she also described herself as 'a kinder grandmother than mother'. This was something several grandmothers commented upon, as they often felt, that because the children were not their sole responsibility in terms of discipline and training, they could afford to be more flexible. Ellen, 63, said she was 'warmer' as a grandmother, adding that 'the more recent methods in childrearing made sense' to her.

As we continued discussing Catherine becoming a grandparent, it felt to me that her view of 'it's their children, not mine' was a motto she very much lived by:

The one I'm feeling strongly about at the moment is this business of my peers all desperate to be part of their grandchildren's upbringings. I really cannot work that one out. My best friend, who I've now known for forty, more than forty years, to my astonishment and horror, is obsessed with her three grandchildren, absolutely obsessed. I find that very strange. I will come if you ask me, and you're desperate, but don't ask me to come just because you need a babysitter for the night.

Her bafflement at and disapproval of behaviour located towards the other end of the spectrum from her own was clarified further by my interview with her daughter, Laura.

Born in Edinburgh, Laura had married her husband three years prior to becoming pregnant with Leah, and I met with her in her small but cheery, light-filled first-floor flat, only miles from her mother's home. Laura's first mention of her mother was in order to relate a conversation she had with a friend a few months before our interview. Because Laura breastfed Leah exclusively for the first four months and did not want to express milk, Leah did not spend the night with any other family member. After

introducing Leah to formula, she spent her first night away with Laura's father and step-mother while Catherine was out of town for a few weeks.

... and one of my friends had said to me, 'are you sure Leah should stay the night with your dad first?' Should it not be my mum, would she not be a bit miffed by that? And I said, 'I don't think so. Maybe I should check', you know? Well, after my mum got back I said to her, 'you're not miffed are you?' And she said, 'oh god no, I don't want to do any babysitting, not unless it's essential, an emergency or something'.

Laura added that she 'didn't blame' her mother for not wanting to be in sole charge of Leah for any length of time, 'fair enough, she's a sixty-odd old woman'. However, Catherine's resolve to hold herself at a distance from Laura and Leah seemed to indicate there was still something left unresolved and ambivalent in the relationship. Advocating a distance from her grandchild was partly rooted in feeling that her days of caring for a child regularly were over, and she told me, 'I don't want to spend my life looking after another lot of kids!' It was also aligned with her accumulation of experiences. Moreover, knowing her mother's practical support was there if needed, but not put forward as any expectation or obligation, suited Laura well.

Many of the older mothers I spoke with described their acute awareness of creating a space where their daughter knew they would come when help was needed, but at the same time, this space was to be kept on the outskirts of the younger mother's 'nuclear' family. Segalen attributes levels of involvement by grandparents in the care of their grandchildren (except for when there is a break in relations due to divorce) as largely dependent on spatial propinquity. Yet, as we saw in Catherine's case, it could also be quite dependent on the history of the relationships each family member has experienced. Catherine and Laura demonstrated that geographical proximity did not equate with emotional intensity. Catherine and her mother, who lived approximately 100 miles apart, experienced a very high level of emotional disturbance because of practical advice

(whether asked for or not), while Catherine and Laura, within the same city centre, found comfort in participatory distance.<sup>2</sup>

That geographical distance was rarely directly connected to the emotional intensity of the mother-daughter relationship was something found repeatedly throughout my interviewees' narratives. For example, Liz, a 34 year old nurse, and her mother, Rebecca, a 58 year old retired secretary, lived the furthest apart of any of my mother-daughter pairs, yet their relationship was described by both women as 'very close'. Edwards and Strathern argue that 'spatial proximity may map onto emotional proximity', so that if kin live near one another, then frequent interactions might occur (2000: 160). Thus, individuals who are related may be geographically near one another, and this in turn might encourage and facilitate a 'close' social connection in addition to any other relatedness. 'Close' can also be taken as meaning strong affective ties, a mutual caring between members, where trust and confidence are instilled through the interactions, and are not necessarily dependent on an individual's location. It was in this emotional, caring sense that Liz and Rebecca used the term, speaking on the phone usually once a day and constantly exchanging stories, problems, and advice. Through the use of the telephone, as well as her parent's occasional visits by car, contact was reasonably frequent. They did not allow geographical distance to turn into emotional distance, and this closeness between mother and daughter would almost certainly shape Rebecca's relationship with her grandson.

Catherine and Laura's appreciation of a more emotionally distanced relationship was further explained when Laura revealed some of the rationale behind her mother's attitude:

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<sup>2</sup> One note on the methodology of my fieldwork is relevant to this discussion. All of the mother-daughter pairs that I interviewed lived approximately within 70 miles of one another. Whether the mother and daughter lived in close proximity at the times of pregnancy, childbirth, and childrearing varied, for some pairs were mobile and had only moved relatively close to one another recently. Thus, the events woven together by the mothers and daughters did not always occur in close geographical proximity, but at the time of the interviews, all pairs lived within the greater Edinburgh or Glasgow area.



My aunt, funnily enough, told me that while I was pregnant she was speaking to my mum, and my mum had said to her that the main reason she didn't want to get too involved was because her mum interfered quite heavily when I was born. And so I think that's influenced her quite a lot in the way she reacts towards me and Leah, and that's good. (chuckling) I thank my granny for that one.

The legacy of Catherine's mother impacted fundamentally on Catherine, Laura, and Leah's daily lives, in indirect and unanticipated ways. However, Catherine's determination not to be interfering did not stem from her memories of her own upbringing alone, but also from interactions and conflicts that took place while Laura was growing up, according to Laura:

It's interesting that that's her, the over-riding thing with her, that she's just, 'interference'. 'I can't be doing with interference'. I think she's possibly been told on a number of occasions in the past, '*stop interfering in my life*', so, this is another very important issue that she's obviously listened to the past [my emphasis].

Past knowledge was put to work in the re-configuration of the mother-daughter relationship when Laura became a mother. In this way, a generational relationship from Catherine to Leah established itself as harmonious and accommodating to everyone (with certain assumptions made on Leah's part). This does not mean, however, that dysfunction cannot remain in a relatively stable relationship. Catherine's grandmother continued to be a disturbing presence for Catherine, while for Laura, she had provided a service, thus making clear that even within one mother-daughter relationship, interpretations of interactions and previous events can be quite distinct and individual.

The shifting of roles that takes place with the birth of a new baby can mean further complications in the interactions between mother and daughter. Catherine and Laura exemplified a relationship in which there were distinct roles and the grandmother usually made it clear that her daughter was the primary caregiver for her grandchild. In contrast, several of the mother-daughter pairs that I interviewed recalled this time of fluidity as a time of confusion, where boundaries became blurred, at least temporarily.

*‘... Because I am now reliving the same thing again’*

Emily (46), mother of Amanda (24) and grandmother to Lewis (2).

Whereas a fear of interference characterised Catherine and Laura’s relationship, a fear of separation and being left out seemed to inform Emily and Amanda’s relationship.

Emily, a communications advisor, and her daughter, Amanda, a student who worked part-time in catering, each told me separately just how similar were their personalities. Emily felt the two of them had been quite close since Amanda was a small child. Both women were born in Glasgow, but moved to Edinburgh when Amanda was about four years old. At the time of the interviews, they lived about a fifteen minute’s walk from each other. Emily began her tale with her pregnancy at 21. At that time she still lived at home in Glasgow, and both her parents and her older sister and brother-in-law had offered to adopt her child. She was a self-described ‘wild child’ before her pregnancy, and felt her entire family thought she should not become a mother yet, leaving her to feel that she ‘had something to prove’. This resulted in Emily limiting her mother’s participation and influence in decisions and care, despite living under the same roof. In our conversation together, Emily reflected on this time, saying:

And so, I feel bad for my mum now, when I look back, retrospectively, um, I should have let her be more involved. However, she was fantastic in that she didn’t say, ‘I wouldn’t have done it that way’, and I’m sure she must have been absolutely itching to, because I am now re-living the same thing again.

Despite Emily feeling that she and her mother were quite close, in fact, ‘could talk about anything’, she also felt the necessity of drawing a boundary between herself and mother in the early stages of her motherhood. Yet Emily also decided, after the fact, that she had excluded her mother’s participation and support too much. When Emily became a grandmother herself, she found herself identifying with her mother’s position and role – as Amanda was also a young lone mother – and admitted her own experience of ‘re-

living' young motherhood.<sup>3</sup> 'Learning from her past', as she phrased it, meant that after Amanda had Lewis, she tried hard always to be involved and supportive. Emily's desire to spend time with Amanda and Lewis coupled with the openness and 'friend-like' relationship between mother and daughter produced a confusion of roles.

In the course of our interview, Amanda told me that she felt that, 'mother and daughter became confused' in the care of Lewis. Amanda lived with Emily while she was pregnant and for the first few months after Lewis's birth, and relied on her for advice and relief when she 'felt hassled'. Amanda even told me that it was her mother, not herself, that read the childcare books and 'kept me informed about what was supposed to be happening'. As Amanda worked weekends, Emily took over watching Lewis at these times, this arrangement continuing after Amanda was allocated her current flat. Amanda also remarked that Emily stopped by a few times a week to check in on them. While Amanda considered her mother to be 'brilliant' the majority of the time, by the end of Lewis's first year, Amanda felt compelled to make explicit what she wanted from her mother, and which responsibilities each needed to fulfil.

*Were there ever any conflicts over how Lewis should be cared for?*

No, not how he should be taken care of, but, I have had to tell her to back off. Just for trying too hard and doing too much, when, it's my place to be doing it. Just stupid things, I can't remember, but I did sit her down and tell her, 'look, I'm the mum now, and you're the granny, we have our roles to play and we have to stick to those roles and we cannae confuse them. You can't do things I wouldn't do or give him things I wouldn't give him'. So, she's better now.

From my own interpretation of events, it seemed that because during Amanda's pregnancy and early months of being a mother she often turned to Emily for emotional and practical support, it became difficult for Amanda to assert her autonomy as a mother.

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<sup>3</sup> This feeling of 're-living' motherhood was in contrast to some women's views on the role of grandmothers. Gillian, 46, told me that, 'grandchildren are different, they're not yours'. She went on to say that she enjoyed the time she spent with her granddaughter, but was also relieved not to be 'so responsible'. In Catherine's experience, many grandmothers felt their days of such intense and daily responsibility were over.

In this case, emotional intensity did correspond to the women's geographical proximity, but it was a continuation of past interactions. Amanda, who felt her personality to be much like her mother's, needed to exert a certain level of capability and independence in her childrearing, thus 'proving' herself. Amanda's expectations of her care-giving as Lewis' mother, however, meant that re-negotiating the roles and confines was necessary to preserve a balance and satisfaction in the familial relationships.

***'...that kind of sums it up — the minimum of effort'***

Rachel (43) daughter of Jean (76) and mother of Edward (8) and Gina (6)

The final mother-daughter pair of Jean and Rachel shows the case of when expectations and desires about the inter-generational relationship were discordant, and no mutually agreeable resolution was reached. Rachel, at the time of the interview, expressed a continuing resentment and frustration about her mother's involvement with her grandchildren and her emotional support of Rachel as a mother. Another difference in this mother-daughter pair was that, in our interview, Jean did not raise any concerns, recall any stories, or reflect upon either Rachel's displeasure or any stress in their relationship regarding their interactions. Jean, who worked as a civil servant in the greater Edinburgh area until her marriage in 1956, was an only child and an orphan from a young age. One of the only topics in which Jean expressed any strife or anxiety during our cheerful and often humorous exchange was when discussing the early years of her mothering experience. Remarking on her stay in the hospital after giving birth to her first child, she told me, 'I honestly would have sold my soul for my mum to come in, to say, "Ma, here's your grandson"'. This palpable absence of parents, particularly acute during her years as a young mother, was something Rachel returned to as the reason behind her mother's perceived emotional and practical distance as a grandmother.

Rachel recalled that after becoming a mother she felt repeated disappointments that her mother did not come over more, help out around the house, or give bits of advice on how

to care for her baby. In the beginning, the lack of practical help caused Rachel to seek it out actively, but her questions were met with answers that 'put her back up'. Rachel described her mother as 'insensitive' and 'smug' because she claimed that all the care practices of motherhood were 'easy'. Rachel continued by telling a story for illustration:

There was this macramé jacket she knitted for Edward, which was lovely. And that was it, the only thing ever. Then when Gina was born, she said, 'you remember the wee jacket I knitted, have you still got it? That would do for Gina, it's lemon, both boy and girl'... and I didn't hold that against her, but that kind of sums it up, you know what I mean? It's the minimum, the absolute minimum of effort.

Rachel ascribed this 'minimum of effort' to her mother's past as a disadvantaged orphan, and felt that Jean had always been somewhat jealous of her own opportunities and experiences in life. In their past emotional relationship, Rachel had felt her mother showed a marked lack of interest in the specifics of her life, and the lack of participation after becoming a new mother only reinforced her opinion. While she referred explicitly to Jean's level of practical help in her narrative, Rachel implicitly focused on the more emotionally charged issues of support and satisfaction. In this way, practical and emotional elements were bound together in a layered process, but with the emotional ramifications shaping more resolutely the perceptions of the relationship. Similar to the situation referred to in Sarah's comment at the beginning of this chapter, when young mothers did not receive the emotional support or practical advice they hoped for, they frequently attributed the reason for the disharmony to their mother's personality. Perhaps this was a way of coping with the disappointment. However, it should be noted that in the case of the mother-daughter narratives that contained sentiments of long-standing frustrations the overall relationship (as it was depicted in the interviews) appeared to come to no irreparable harm.

### **The case of mothers-in-law**

Often, the image that comes to mind when talking about mothers-in-law is one partially based upon certain stereotypes: there is the rather benign if slightly 'behind-the-times'

mother-in-law, but, even more ubiquitously, the meddlesome mother-in-law who cannot accept childrearing except on her own terms. Indeed, these archetypes will be discussed further in the examination of professional literature advising on childrearing and child health, but interestingly, these caricatures of mothers-in-law also emerged from the women's narratives. While this might suggest that such generalisations are not wholly unfounded, it equally suggests that these caricatures emerging from the media, books, and popular discourse might have been internalised by the women. There were interviewees who fondly recalled their mother-in-law as a confidante, a second mother, or as someone who remained (appreciatively) largely silent in the background.

For the majority of the women, however, relations with their mother-in-law proved, at times, to contain elements of anxiety, frustration, and tension. Why is the relationship between young mothers and mothers-in-laws potentially so difficult? Wolfram (1987) notes in her discussion on affinal ties that in England (and similarly in Scotland) marriage 'creates no relationship (or alliance) between the kin of the spouses' (1987: 16-17). This lack of a specific relationship or close ties can make the mother-in-law/daughter-in-law relationship difficult to assess or define. Despite there being a common interest in the grandchildren, the negotiation of boundaries that takes place amongst family members partaking in the inter-generational relationship can become more complex when considering mothers-in-law. Similar to Carsten's observations in rural Malaysia (1997), how a mother-in-law and daughter-in-law interact can be the deciding factor in the tone of the three-generational relationship:

... it is the relations between women (between female *bisan*, and mother-in-law and daughter-in-law) which are seen as responsible either for exacerbating tensions, or soothing them over. To a great extent, their two relations form a complementary pair, reinforcing each other when they are harmonious, and acting negatively on each other when they are not (1997: 230).

Amongst my interviewees, I too found that because affinal ties relied much more on the social aspects of kinship, the quality of the relations between the mother-in-law and

daughter-in-law seemed to determine how the inter-generational relationship was described.

The process of determining a relationship with one's grandchild and of how to be a grandmother can be compounded by an awkward intimacy, which in turn is related to ideas about connection. Edwards and Strathern raise two useful points: that 'key kinsfolk act as links, and links act as mediators', and that because (English) kinship is self-limiting, some ties may be severed out of lack of interest or 'forgetting' (2000: 153-158). These two points intertwine when discussing the subject of mothers-in-law. To take the first point, it could be argued that, more often than not, the young mother acted as the link, the mediator, between both grandmothers (and ostensibly the rest of the family) and her child. By virtue of position, being mediator granted the young mother a certain amount of control and power within the relationship.<sup>4</sup>

This shift in or lack of power possibly perceived by the mother-in-law might then have led to her purposefully asserting her opinions, methods and practices of childrearing in order to make explicit her role in the child's life. Charlotte, a 53 year old retired teacher, told me that her mother-in-law was, 'always cold, she never listened, she just treated the baby as she thought right'. While I only spoke to Charlotte, I suggest that this attitude on her mother-in-law's part, whose rigidity about childrearing methods was similar to others' experienced by many mothers with their own mothers-in-law, might have stemmed from her desire to exert some power and control over her grandchild. This possible 'power-struggle' might also be linked to the issue of ties and relatedness. Charlotte's mother-in-law was connected to her through her son's marriage, in which, if there was no particular affinity between women, the intimacy of family was somewhat 'forced'. However, Charlotte's mother-in-law's connection to her grandson was not (presumably) something forced. While the desire for input and participation in a

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<sup>4</sup> I am speaking in terms of white, middle-class British kinship. This power as 'mediator' does not translate to all kin relationships, as Shaw points out in her ethnography on Pakistani families in Britain: '... a new bride in a household must defer to the authority of her mother-in-law ... [who] may have more influence over how her grandchildren are brought up than their mother may have' (2000: 94-95).

grandchild's life would be sincere and legitimate, the means of influence could be seen as something precarious.

A mother-in-law's precarious position was not only with her grandchild, but with the mother as well. Even when the two women were amiable, a mother-in-law's relationship to her daughter-in-law could be approached with uncertainty or aloofness. Gillian, 46, described her mother-in-law as 'nice', someone who played a part in her children's lives but did not discuss training and methods because, 'she realised I had my own mother'. Implicitly, Gillian's mother-in-law might have ascertained that her tie to her daughter-in-law was not one close enough to warrant practical advice, as it was Gillian's mother who fulfilled the obligations of help. Gillian seemed to feel supported emotionally by her mother-in-law's tendency not to interfere. But the lack of connection a mother-in-law may feel to the young mother could also cause insecurity in her role as grandmother.

Julia, 30, had her son Peter eight months before our interview. She described her relationship with her mother, Fiona, as one in which she turned to her frequently for advice, and was 'quite pleased' with her mother's involvement thus far. However, complications had already arisen in the relationship with her mother-in-law, Helen, who lived about an hour's drive north of Edinburgh. Julia admitted, 'I obviously see a lot more of my mother than I see of her, and therefore my mother sees more of Peter than she does'. Helen's insecurity about her position, in which geographical separation was possibly perceived as affecting her 'connectedness' to her grandson, was expressed when she told Julia, 'I don't want to be the forgotten gran'. While I did not speak to Helen, it might be inferred from her comment that she feared for her place, her 'belonging', in her grandson's life. She feared an emotional distance would accompany the physical distance, since definitions of 'close' kin can be contested.<sup>5</sup> Perhaps Helen's

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<sup>5</sup> The implication of geographical distance affecting emotional distance is particularly relevant to the situation of a marriage breakdown. There are no details in my analysis because of a lack of interviewees' experiences, but Segalen's (2001) discussion of grandparenting in France explores this situation. She notes that in the case of the parents' divorce, 'a sociological pattern has been observed where daughters



anxiety at being forgotten was not only provoked by her location; because she was not as connected to Peter as the maternal grandmother, Fiona, she felt threatened in position and privilege in the grandchild's life.<sup>6</sup> The relationship between a mother-in-law, daughter-in-law and grandchild requires negotiations and judgements of distance, as is the case with mothers and daughters, but with different parameters. The relationship would not possess the same weight of history as that between a mother and daughter, and in addition the 'emotional padding' of affection would not always be present.

## **II. Historical glimpses of the 'family' in relation to mothering**

### **Stereotypes and Complications, 1945-1960**

Leading up to and throughout the immediate post-war years, the gradual 'professionalisation' of maternal and child health, coupled with changes in the welfare state, meant that childrearing methods were focused upon more intensely by health professionals.<sup>7</sup> Much of literature written by childrearing professionals at this time was concerned with mothers adhering to medical advice and conforming to the state's idea of 'good' care, which was taught and monitored by state-trained health professionals such as general practitioners, obstetricians, and health visitors. In accordance with these goals, 'the family' was often presented by experts as a possible hindrance to proper childrearing. The role that the family, particularly grandmothers, played in conjunction with and opposed to health professionals was an issue frequently addressed by experts.

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are closer to their family than sons, which means that a matrilineal trend is clearly emerging. The grandchild will thus have a privileged relationship with maternal kin ... (2001: 264).

<sup>6</sup> This kind of conceptualisation of connection was in fact drawn upon by Catherine, when in her narrative she distinguished between Leah, her granddaughter of 'blood and bone', and her step-granddaughters. Thus, it could be inferred that Catherine did not feel as connected to her step-daughters' children as to her granddaughter by Laura.

<sup>7</sup> For a more detailed discussion on the rise of expertise and medicalisation, as well as the particular policy and legislative changes that affected maternal and child health, refer to Chapter One's section 'The State, Professionals and Childcare'.

The favourable response of experts to the family's support and involvement in the needs of childrearing were often off-set by criticism of its specific content, especially advice on methods. Professional literature circulated in the immediate post-war period problematised the role of parents' relatives and often portrayed them as obstacles to the efforts of professionals. Contributors to *Mother and Child*, the journal of the National Association of Maternity and Child Welfare Clinics, often denounced much of the advice rendered to young mothers by friends and family. For instance, an editorial that addressed difficulties in breastfeeding stated that, 'although the older generation tends to think it knows best, today's health visitor is irreplaceable as a source of support in a young mother's care routine' (anon 1952: 153).

Many professional writings stereotyped the family, particularly grandmothers, in a variety of ways. These ranged from the well-meaning but behind the times grandmother to one who was interfering and unable to accept change. By incorporating these caricatures into the literature as examples of familial involvement, they subtly pointed out the benefits of the more professionalised body of knowledge held by medical experts. For example, in an article examining various forms of mental stress that the maternity and child welfare services needed to address, a psychiatric social worker identified what she saw as several sources of confusion a young mother had to wrestle with, the 'granny' being one of these:

In the last forty years it has not been unusual to encounter an indignant granny who resented the advice being given to her daughter as a threat to her own authority, based on the proud boast that she had 'had twelve and raised six'. The fact that such a record would now be regarded as unusually tragic is to a great extent a measure of the success of the service (Irvine 1957:118).

This type of depiction of a grandmother was put to work for professional health care workers in several ways. In this excerpt, we see the stereotype of the possessive and jealous 'granny' who wished to assert her authority over either her daughter or daughter-in-law, and 'indignant' that her own experience was not enough to guide the young

mother. Additionally, by using a grandmother's 'proud boast' as one that was heavily associated with less developed medical care and higher infant mortality rates, the author gave a sense of progress in the medical field that was not represented similarly in the family. Dramatic reductions in the occurrences of 'traditional killer diseases of children' (scarlet fever, diphtheria, whooping cough, and the measles) were quickly brought under control after the war, greatly cutting the infant mortality rate (Lowe 1993: 164). The intention of the psychiatric social worker's article was to demonstrate that the achievements of science and medicine had greatly improved the health of infants, and the author argued for more attention to be paid to the management of maternity and child care. Under the National Health Service, medical expertise was available to all mothers.

The experts' direct separation of lay knowledge and 'truth claims' about proper childrearing methods seemed to suggest a certain distance should be kept between young mothers and their families. While most professionals referred explicitly to practical advice as the primary problem an emotional distance was also implicitly encouraged. Any good intentions the experts attributed to the family members could be cancelled out by mental stress. I have found few remarks in the professional writings of this period about any positive practical help from a young mother's family, but instead they utilised the family as an example of what could irritate, exacerbate, or complicate the situation in which a young mother found herself. In an editorial in *Mother and Child*, a health visitor described how mixed messages and advice usually caused more disturbance in the household than it relieved. To the author, 'well-meaning friends and "in-laws"' proffer advice which may be at variance with that of the health visitor. The mother becomes more confused and tearful while the baby's cries become louder and louder' (anon 1949: 233). Professionals assumed that this kind of incongruence between advised methods was something most young mothers would have trouble reconciling.

Health professionals often insinuated or stated that most relatives were unable to accept methods that differed from their own, and therefore could not accept modern, 'up-to-date' practices. Moreover, it was the older generations that they most often

characterised as always thinking they knew best, and who would, it was claimed, reject and contest 'current' advice and methods. One paediatrician, in her article discussing changes in the suggested practices of weaning, wrote:

Much can be learned from good advice, but it is wise to remember that grandmothers particularly may advise not so much to help the mother as to impress her with her own wisdom. The chief opponent of early changes [in weaning] is the elderly grandmother who reared an astronomical family on milk till her progeny reached a year old (Crightley 1952: 44).

In this excerpt, the 'elderly grandmother' was a tool by which the paediatrician could dismiss any contestations or variances between the professional advice and the grandmother's experiences. The inability to accept change marked the grandmother as an 'opponent' in vying for the young mother's 'faith' in medical practices. Also exemplified by this excerpt was the suggestion that advice given from family could be loaded with an ulterior motive, such as when a grandmother might feel the need to re-assert her experience. In a sense, this description of advice given out in a self-serving manner disqualified it, for in the line of work of health professionals the young mother's interests were professed to be in the foreground. The legitimization of emotion within childrearing was denied because the view of family members involving themselves in a young mother's childrearing in a 'negative' context (jealousy, boastful pride) was considered potentially harmful.

It is interesting that the rejection of emotion and family as adequate instructive components was less blatant in literature aimed specifically at mothers and parents, where the deployment of caricatures were used more subtly. It would seem that within the safety of intra-professional circles, certain suppositions about the family were assumed to be commonly held. However, experts writing manuals and advice directly for parents might not have felt as confident that their non-health professional audience shared their views. The literature intended for parents also made attempts to examine what other family members might have felt or thought, and looked at complications and conflicts resulting from the dynamic and interactive nature of familial relationships. By

including the point of view of other family members to some degree, the complexities and continuity of emotions inherent in long-term relationships were made explicit. In the public-oriented material emotion was granted more space – albeit limited in this period – in the lives of mothers and families.

After the Second World War, a shortage of housing in Britain, due to the deterioration of Victorian dwellings and the damage incurred by war-time bombing, meant that some young parents had to live with either set of grandparents for a time. While almost none of the sources of the professionally circulated material directly addressed how such living conditions might affect childrearing, many of the pamphlets and books aimed at mothers took this arrangement into consideration. For example, in a booklet entitled ‘Education for Parenthood’, Zoe Benjamin, an Australian lecturer in psychology and education, told readers that the presence of grandparents or other relatives in the home was ‘sometimes responsible for a situation with which it is difficult to cope. Many relatives are resentful of methods different from those they believe in...’ (1946: 28). More than one generation of adults living together and caring for children was assumed in much of the literature to lead to many of the tensions and conflicting opinions previously mentioned. New parents were considered unconfident, and the lack of assurance in their decisions was thought to make them more hostile towards any intervention or perceived criticism.

Dr Benjamin Spock, commonly considered as a more progressive childrearing expert in the 1940s and 50s, devoted an entire section to the complexities of familial situations in his *Baby and Child Care* (1946). Entitled ‘Relations with Grandparents’, this section attempted to tease out the possible emotional situations involved in the interactions between grandparents and the young parents. In contrast to other professional writings, Spock seemed to show more sympathy with the grandmother, attributing a young mother’s uncertain self-confidence to an inability to turn to her mother for assistance when she needed it. It was this sensitivity regarding criticism that Spock claimed led to many of the strains between the generations. Such tensions, he argued, were usually

rooted in the past interactions and assumed roles between the grandparents and the young parents. If the young mother recalled her upbringing as a period in which she had received parental criticism, she would then tend to see any advice in the same context as an adult. According to Spock, it was therefore how a grandmother dealt with the situation that was crucial:

A grandmother can help the mother do a good job by showing her confidence in her and fitting in with her methods as far as possible ... Occasionally there is a grandmother so constituted that she has always been too managing with her daughter and she can't stop now even though the daughter is now a mother. Such a young mother may have a tough time at first keeping her perspective (1955: 33).

Essentially, the young mother was being asked to unlearn her past reactions to her mother, and to undo the past patterns of interactions. The parent-directed literature was willing to accept, in part, that a woman's surrounding family, her experiences within that family, and how such interactions were understood, created a space where she learned to mother.

### **Psychology and the 'Loss' of the Family, 1961-1980**

During the 1960s and 70s, health professionals continued to be viewed as vital to the proper training of mothers. Within some of the professionally-circulated writing, the amateur advice of the 'troublesome' family continued to be contrasted with the professionalism of experts. However, emotion, as it was contextualised within familial interactions in the 1960s and 70s, moved more to the foreground than in the immediate post-war period. It was still treated as a possible hindrance to mothers' compliance with medical expertise, but there was a greater recognition that the feelings and overall psychological well-being of a mother could influence her children – hence an insecure mother might produce an insecure child. This increased legitimisation of emotion was borne out of what the experts referred to as the 'loss' of family for young mothers. Slum clearance and the construction of new housing within urban centres, the suburbs, and in smaller towns, as well as the creation of new towns, were all part of the post-war

reconstruction effort. New housing plus the increased standard of living for many in Britain meant the need for the extended family to share housing became less of an economic necessity (Dennis 1970: 71-80).

As more young couples established their own households away from established neighbourhoods or housing, many families became more geographically mobile, which also meant young mothers were more likely to live some distance from their immediate or extended family (Lowe 1993: 243-245). The subsequent decline in regular familial contact and the caring obligations often carried out between kin, coupled with the more separated, contained life of the nuclear family, meant a partial loss of the 'traditional' family support system.<sup>8</sup> Professionals thought this lack of support needed to be addressed, for there was a growing acknowledgement of the importance of the 'family' in childrearing. Thus, a new expectation of the involvement of professionals with young mothers led to the call for health services to increase their role of acting as a support mechanism for mothers and children. For example, one health visitor writing in her professional capacity about the needs involved in the work of the child welfare clinics, stated:

To-day young couples establish their homes wherever they can find housing. New towns are an incentive to young people to move away from their families, and so cut themselves off from the family support which had been so important in the maintenance of adequate care of children. They are now not always near the relatives who, in the past, were the main source of company and support to young parents (Saint 1967: 164).

Social services were not meant to replace the family or become interchangeable with it, for many professionals hoped they could bolster and aid family life overall. However, the health professionals writing about this spatial and supportive distance did not consider in their written texts their own role in the separation of the family's assistance and advice to the young mother. An increased sense of duty and responsibility from the

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<sup>8</sup> Young and Wilmott's (1957) work on the relationships between working-class couples and their families in Bethnal Green, London was one of the earliest studies to consider the impact geographic distance had on social experiences of kinship when people moved to the new towns or housing estates built during the period of post-war reconstruction in Britain.

medical experts may also have meant the young mothers turned less and less to their own mothers and family members for such support.

Many professionals viewed geographical separation and insecurity to be closely correlated; a lack of physical help and emotional support, experienced over an extended period of time, was thought to lead to emotional insecurity. This physical distance could also become a gap in knowledge, for the more infrequent a grandmother or other relative's visits were with the children, the less intimate and specific their knowledge would be when attempting to help or advise the mother. Thus, a paediatrician addressing the medical services' role in assisting young mothers emphasised their emotional duty to mothers:

Many mothers in present-day society, especially in urban areas to which they may have moved comparatively recently and in which they may have no close relatives, are badly in need of emotional support. The natural source of this support is the maternal grandmother, but, if she is absent, not readily available, or the mother's relationship with her is disturbed, she will not be the answer and a substitute must be found (Bolton 1962: 65).

While this anxiety over the impact of modernity in Britain on disruption and the subsequent 'loss' of the family was not something particularly echoed in the interviewees' narratives, this possibly over-stated concern of professionals did grant the family more legitimisation in 'proper' childrearing.

Many experts considered familial relationships as inherently rather contradictory and ambiguous, and this created a similar duality of attitude in health professionals' advice. Misguided or interfering support was cast in almost as negative a light as little or no support. Professional writings concerned about distance between family members sometimes simultaneously included critical sentiments about relatives.

Ambiguity within the health field towards the role and function of family led to many experts advocating negotiation or compromise between themselves and the mothers'



family members. As the input and participation of kin was nearly impossible to control or regulate, placation was thought wise. In a lecture to district nurses, one consultant paediatrician advised that ‘although most grannies’ desire to do good outstripped their performance, we have no wish to sneer at these good people who are most valuable allies and have a profound influence over the mother’ (Stansfeld 1964: 242). Framing grandmothers as incompetent but powerful figures placed them in an uneasy relationship with health professionals, where placation could keep the ‘interference’ of their methods to a minimum.

As in the case of the immediate post-war literature, it was the parent-directed advice that directed more attention to the intricacies of the family. Due to psychology’s increasing influence on childrearing during the 1960s and 70s, a more in-depth examination of the grandparents’ psychological needs, their perspective, and more commonly *their* possible insecurities and hopes, was discussed. When a grandmother attempted to care for a grandchild in her own way or to intervene in the new mother’s routine in a manner perceived as correcting or even critical, much of the professional literature suggested that her motivations stemmed from a desire to be connected to the past. In one booklet entitled ‘Now You’re a Family’, issued by The Health Education Council in association with The National Association for Mental Health, the text suggested that questions relating to insecurity were not uncommon in grandparents:

... Because people don’t really notice the years slipping by. They probably see themselves as youngish, active people, as full of life as ever. But now they are grandparents. Are they old and bent and helpless? Have their own children lost their need for them? Will they be left to a lonely old age? Sometimes grandmothers get a different picture, seeing themselves coping with the baby while the young mother watches and learns, as Grandma relives her own young motherhood days (1970s: 4).

This excerpt highlighted the insecurities grandparents could suffer with respect to their position and role within the family life and contribution to childrearing, and these insecurities could go further in explaining why some efforts at support, either emotional or practical, could go awry.

It was within the materials aimed at parents that attempts were made to demonstrate the common misinterpretations of actions or suggestions by family members. Indeed, reacting to perceived disapproval was one of the main aspects popular social psychologist, Dr Penelope Leach, addressed in her book for parents. In *Babyhood*, Leach limited her discussion on family to say that even the 'mere presence of an irritated father or disapproving grandmother can make the mother far less tolerant than she would normally be if alone with the baby' (1974: 264). Highlighting the influential effects of perceived opinions and emotions of other family members on a young mother's care-giving, the text pointed to 'the delicate tightrope' of familial relationships as something unavoidable, something that all parents must work out for themselves.

Navigating familial relationships was seen in more precarious terms in some of the publications of the 1960s and 70s due to the belief that patterns of interaction were prone to repetition, which in turn could affect the mother's childrearing. Although Dr Spock first wrote about this effect in his 1955 handbook, he took the discussion only so far, describing why a young mother might react negatively to her mother's advice. The psychologically-inclined handbooks of the 1960s and 1970s increasingly described how the reaction of the young mother was likely to reproduce itself. For example, in an article on the influence of psychology on expectant and new mothers, a doctor of child health and psychological medicine described how an older mother's experiences directly affected an expectant or new mother's psychology:

The beginning is the expectant mother's own mother's experience of childbirth and her attitude to sex and her feminine role, and so really her emotional stability and maturity, but often in case histories one can track back problems in this field even further and there is no doubt that vicious circles of mother-child-mother problems have developed (anon 1969: 461).

Establishing such a 'vicious circle' could determine a young mother's self-confidence and esteem, and if these were lacking, the interactions between a new mother and her mother could become tense, strained, and possibly combative.

## **The Complexities of Family as Childcare, 1990-2004**

While childrearing professionals of the 1960s and 70s began to acknowledge how a baby could re-ignite past emotions in the mother-daughter relationship, it was in the most recent period, 1990-2004, that most of the parent-directed professional literature on childrearing put a greater emphasis on the interactions, support, and involvement of the surrounding family. Much more attention was focused on the issue of ‘negotiations’ amongst family members regarding the care of babies and children. A very noticeable trend was that manuals and websites frequently placed the bulk of their discussion regarding ‘family’ and ‘relatives’ under the topic of ‘child care’.

The grouping of the issues of ‘family’ and ‘child care’ together was probably linked to the important changing dynamics in labour supply during the 1980s and 1990s, which witnessed the, ‘convergence of men’s and women’s participation in the labour market’ (Wasoff and Dey 2000: 110). The rise in female economic activity rates has been primarily attributed to the number of married women in employment, and a large proportion of these rates were women with dependent children (ibid: 111). With more mothers of young children participating in the labour market, along with an increase in lone mothers and young or teenage women becoming mothers, childcare became a more critical issue for many women. The association of ‘family’ and childcare options is largely explained by the fact that more mothers were holding either part-time or full-time work than in the past, and the proportion of single-parent families was increasing. Contributing to many mothers' need for family members as possible caregivers was the fact that ‘fewer than one in ten [working mothers] were able to depend only on formal provision [of childcare]’, according to the DfEE Family and Working Life Survey 1996-1997 (Wasoff and Dey 2000: 116). It is in Chapter Seven I examine in more detail the opinions, attitudes, and trends in relation to mothers in paid employment.

The major concerns of professionals about family support no longer revolved around the absence of their involvement in the lives of children, as seen in the 1960s and 1970s. In last period, most of the childrearing experts assumed that a large proportion of young mothers would involve relatives as childcare providers. As the National Childbirth Trust (NCT) website stated in 2005, ‘relatives, mainly grandparents, are now the single largest group providing childcare for working mothers’ ([www.nctpregnancyandbabycare.com](http://www.nctpregnancyandbabycare.com)). I suggest this shift was the primary reason childrearing experts during the 1990s and early 2000s made a more determined attempt to understand the emotional landscape of motherhood and family. Familial negotiations thus became the dominating theme in the literature.

In discussions on relatives as providers of childcare, the majority of sources approached the topic by way of attempting to supply a balanced view, assessing both the ‘advantages’ and ‘disadvantages’ of such a situation in a less didactic fashion than in the previous periods. Forming an arrangement with relatives as regular childminders in lieu of nurseries, day-care centres, or crèches put such relatives in a position of employees. Despite a lack of remuneration or contract, having family as regular carers implied a kind of agreement, whether verbal or not. Many texts warned parents that, while relatives in the position of carers could be ideal, it could just as easily turn out to be complicated, uncomfortable, and tense. Discussion about this kind of arrangement not only reiterated some of the previous concerns and stereotypes, they also demonstrated underlying ideas about the meaning of ‘family’.

The discussions about the possible disadvantages of using family as childminders highlighted two problems as possible outcomes of this change in relationship: firstly, a confusion of obligations when a familial relationship was mixed with a more employer-employee relationship, and secondly, a reversal of the roles of most parent-child interactions. Most authors concurred that when grandparents or other relatives become childminders, an agreement with the child’s parents on methods and practices was necessary. If a child’s parents were to do any instructing, correcting, or ‘laying down

the law' relating to the grandparents' care, the previous patterns of engagement common between parents and adult children would alter. Thus, the negotiations involved when grandparents became regular carers for children could be further complicated by issues of interference or criticism – 'spoiling', inconsistency or favouritism were all listed as possible results.

In fact, much of the literature made an assumption that child care practices of each generation would be incongruous. One childcare book published in conjunction with the National Childbirth Trust, which focused on the experiences of parents, stated:

It cannot be expected that two women of different generations, particularly if they are women of character who have decided views on life, will see eye-to-eye. Ideas change, and each thinks she alone is right. Both need to try and realise this and make allowances (McGrail 1996: 166).

It was in this expectation of difference so common in the professional literature that the issues of partial knowledge and partial participation were highlighted. As both the parents and grandparents became aware of the other's practices via the time spent with the child, an incomplete picture of practices and methods might inform negotiations. If, through occasional childcare, a grandmother formed an opinion of her daughter as too lax or strict with regard to a specific issue or situation, she might be likely to extend such criticism to her daughter's general childrearing approach.

Further complications could be created when grandparents provided the primary care for the grandchildren on a regular and frequent basis. The more time grandparents spent in a nurturing role with their grandchildren, the more their opinion could be viewed as valid. The possibility that grandparents who were highly involved in child care might refuse to abide by the parents' practices was something several experts addressed. Grandparents could emphasise the importance of their past experiences and knowledge, and this in turn might make the parents feel as though their childcare plan was undermined. Furthermore, given the informal 'contractual' nature of such childcare

arrangements, breaking such an agreement would further complicate and undermine the inter-generational relationship. One of the possible disadvantages of grandparents as caregivers listed by the aforementioned NCT website commented, 'if things are not working out, tactfully finding a way to stop the childcare arrangements while not damaging the relationship can be difficult'. Maintaining amicable and agreeable familial relationships meant that criticism levelled at childcare, by either the parents or grandparents, could be especially serious.

The intensity of familial relationships, while perhaps viewed as more prone to problems related to boundaries and interference, was also viewed by many experts as advantageous because of notions of the 'connectedness' and 'common interests' between family members for the children. Thus, the very cause of 'messy' emotional issues, the close ties of family, could also provide a level of nurturing emotion not available from unrelated caregivers. As Hugh Jolly advised in his *Book of Childcare*, in which the discussion of grandparents began with the section on different forms of childcare, 'relatives make natural baby-sitters and have the advantage of an in-built interest in your child, who in turn is with people who love and care for them' (1994: 133). There was an assumption about kinship suggested in this excerpt, and Jolly was not alone in his focus on the 'love' and 'in-built' interests between family members. The mutual concern and emotional investment by those who form part of a network of kin could theoretically lead to better care. Although the professional literature did not presume that any childcare outside of the family was incompetent or uncaring, it was suggested that many parents would find reassurance in the 'closeness' and nurturing given by family.

During the 1990s and 2000s, advice to parents suggested that new babies could help to rediscover and re-connect people within a family. On a practical level, the increase in visits because of the baby meant more contact, conversations, and interactions between the parents' families. The (1996) manual *Becoming a Family*, published in part by the National Childbirth Trust, reassured the reader by stating, '... the birth of a grandchild

often brings a closer relationship between the generations. You tend to see each other more because of the common interest, which can lead to a more understanding relationship' (McGrail: 142). In this way, a new baby perhaps acted as a catalyst or lens: a catalyst in the way of instigating the formation of a relationship where previously relatives interacted rarely; or as a lens that shifted the focus, threw into relief, or magnified previously existing dynamics. This resonated with many of the interviewees' experiences, where they did not know the father's family well, and did not feel a particular affection for or obligation towards them. With the birth of a baby, 'common interest' meant a negotiation and re-mapping of relational ground, a dynamic process that could be considered a positive or negative occurrence. Unsettling past emotions and relationships, the change from daughter to young mother and from mother to grandmother could work at drawing the familial relationships into a more closely linked network, or cause the re-enactments of past conflicts and perceived attitudes.

In the 1990-2004 period, 'emotion' as a subjective, possibly irrational and personal framework became a valid basis for childcare in the views of the professionals. The grandparents' perspective and needs were explored, the mother's/parent's obligations to and reliance on the grandparents were contrasted with their desire to assert themselves as the primary carers, and the children's gains by spending regular time with grandparents were all addressed. Much of the parent-directed literature acknowledged just how precarious was the well-being or 'harmony' of a family's relational landscape. Much of the professional literature published in this recent period mirrored the interviewees' narratives by often allowing that a family's emotional functioning might be more significant than the practicalities of their involvement.

## **Conclusion**

In this chapter I demonstrate that the process of becoming a mother had to take into account the emotional landscape of a woman's familial interactions. The cumulative nature of interactions, which could be reworked, re-examined, or re-interpreted, helped

to create this landscape. Alongside the personal element in every woman's narrative of becoming a mother was the presence of kin. However, even among 'close' family members, as in the three-generational case, each participant could view the interactions differently. Indeed, one of the major gaps between the women's narratives and the professional literature on the topic of how family affected the making of a mother was the legitimisation of emotion in the context of childrearing methods.

The considerable shift from the immediate post-war time period to the 1990s and 2000s in accepting the necessary function that family played in subjectively and 'messily' affecting a young mother's care-giving was not mirrored in the mothers' narratives; according to my interviewees, emotions and feelings in all their contexts were inseparable from familial interactions, and family was inseparable from motherhood and the process of learning to mother. Indeed in *all* of the women's narratives the participation of family was not dismissed as something simply 'irritating'. Whether interfering or helpful, the involvement of family in a child's life was never a casual topic to the interviewees. The mother-daughter pairs I interviewed demonstrated the volatility of familial relationships, leaving little doubt that something so significant to childrearing also required negotiations and effort by all of those involved.

Family involvement and help was something mothers needed, and geographical distance was viewed by professionals as weakening this fundamental support structure. In the professionally-circulated publications, health professionals seemed to have over-stated the importance geographic proximity played in the emotional mapping of motherhood, as many of the mothers' narratives undermined this view. For instance, Catherine lived up to 100 miles away from her mother, yet the emotional impact of their interactions – although largely negative – stood out more than Laura's recollections of the same period. The increased use and ownership of cars undoubtedly assisted family members in keeping interactions frequent, and the quality of feeling between grandmother and mother seemed to be somewhat independent of their physical locations.



Another important point elegantly demonstrated by Catherine and Laura was that time was not insignificant in the making of mothers and grandmothers. Throughout both of these interviewees' stories, the shadow of Catherine's mother, the fourth generation, crept in to help each illustrate and explain certain attitudes, approaches, and reactions. Thus, the historical aspect of a relationship between mothers and daughters, as well as other family members, cannot be ignored. While the relational history of family members was not over-bearing or all-encompassing regarding decisions about childrearing, it did indeed shape child care through interpretations and memories.

For many mothers, a sense of stability and support in the realm of the family was more important than a continuity or proficiency in the practical methods of childrearing, and by the final period of the 1990s and 2000s, evidence suggests that expert opinion partially agreed. It was perhaps not surprising that in the early years of becoming a mother, women tended to give precedence to retaining or establishing close familial relationships over the practicalities of advice. It was, however, somewhat unexpected that by the last period, emotions – often considered personal, internal, and even irrational – were often given much significance by health professionals. The fact that health professionals allowed emotion, in the relational context of family, to inform much of the childcare literature might imply an appreciation on their part that a complete professionalisation of mothering practices was unachievable, and that the dependency of motherhood on family thus renders standardisation impossible.

## **Chapter 7.**

### **Putting Mothers to Work: Stories of Obligation, Guilt, and Satisfaction**

In this chapter I explore the ways in which personal experiences and familial relationships combine with the wider social and political processes in order to affect women's decisions regarding motherhood and paid employment. The interviewees' vocalised struggles regarding their decisions to return to work made clear that the emotional and personal aspects of combining paid employment with motherhood were complex. First and foremost, these were narratives of responsibilities and obligations, both familial and personal. How different responsibilities were perceived and weighted affected both the women's emotional responses and the construction of individual patterns of living. While the domestic/public dichotomy is familiar ground for gender and kinship discussions in anthropology, in this chapter I leave this issue implicit, for that is how it remained in the women's stories.

I aim to bring out the subtleties embedded in their narratives regarding motivations and decisions by focusing on the particular ways in which notions of 'guilt', 'obligation' and 'satisfaction' were expressed in the women's memories and stories. Each term can represent highly charged emotional ground, and the responsibilities women felt towards their own desires and capabilities had to come into line with the obligations felt towards their children and their partner. Yet, the social fabric in which they lived their daily lives was also influential, and it was not unusual for some women to use language found in the British media's discourses on working mothers, such as 'latchkey children' and 'supermum'. Much of the rhetoric expressed within the professionally-circulated literature and parent-directed manuals was revealed piecemeal by women within each corresponding cohort. The values and motivations which women claimed for themselves changed throughout the three cohorts but often echoed the consensus of opinion held by social commentators.

By using the concepts of ‘guilt’, ‘obligation’, and ‘satisfaction’, I argue that, although women raising their children in the same period might have outwardly appeared to follow many of the same lines of reasoning in their decisions regarding work, departures from the larger story were frequent.<sup>1</sup> Throughout this chapter, I refer to ‘moralities’, those expectations expressed both in discourses and through practices relating to how women were to conduct their lives as citizens, wives, and mothers. The distance between moral values and practice is variable, and does not remain static. For a majority of the women, the issue of working after becoming a mother was heavily intertwined with issues of identity and personal responsibility. While I fully explore what motherhood meant to the women on a personal and social level in Chapter Eight, identity as connected to what a person thinks she contributes to society, to her family or personally achieves cannot be left out of the discussion. Thus, the narratives frequently presented stories of conflicting interests between the mothers, their children, their families, and the professionals involved in maternal and child health.

In this chapter I continue to discuss my informants' stories and the professionally-published material broadly within three cohorts. In the post-war cohort, paid labour and motherhood were perceived as separate enterprises, both in the narratives of the women and the professionals' writings. The time and attention thought necessary to raise children properly and run a home meant that both interviewees and experts viewed the combination of motherhood and employment as detrimental to home and children. During the second period of the 1960s and 1970s, there was a mixture of opinions about the appropriate combinations of mother-care work and careers amongst the interviewees and the childrearing professionals. Multiple moralities seemed to press upon the women, resulting in a predominant feeling that, regardless of what path they took, they felt themselves to be slightly outside the ‘norm’.

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<sup>1</sup> For the concept of ‘guilt’, I am borrowing Jacobson-Widding’s (1997) definition which draws the distinction between ‘guilt’ and ‘shame’. In her discussion of the Shona of Zimbabwe’s ‘cultural scripts’, Jacobson-Widding notes, ‘although guilt and shame have often been confounded, I think that most people in my own culture would connect the feeling of guilt with transgression of norms concerning other people’s well-being, whereas they would rather connect the feeling of shame with a failure to conform to a social ideal’ (1997:49). None of the women I talked to used language that spoke of or inferred feelings of shame, whereas guilt, particularly in relation to others’ well-being, was openly expressed.

Childcare experts varied just as widely, sometimes even within the same text, but overall, reservations persisted about a mother returning to work before children were at least in primary school. Lastly, in the most recent period, many more interviewees combined motherhood and employment than in the previous cohorts. Perceptions of financial demands, status and achievements at work, and the satisfaction afforded by their jobs could all cause anxiety in the women's perceived duties to family and career. Moreover, the very element of choice often added to the women's stress and guilt. Professional opinions mainly supported mothers in their decisions to carry on working, but this acceptance was often tempered by expectations of 'intensive' mothering and acute attention paid to the children's age and development.

### **Cohort One: the binary view, 1945-1960**

For five of the six women who gave birth between 1945 and 1960, all of whom were middle-class, entering into the contractual relationship of marriage resulted in their agreeing to stay at home, even before the birth of children. This decision seemed to stem from their own opinion about what activities they should participate in as wives. The attitudes of their husbands were important to their decision-making process as well. Four of the women – Harriet, Judith, Jean, and Donna – all expressly told me that their husbands 'did not believe in' wives working in a paid occupation. As Donna, whose first child was born in 1957, explained, 'my husband, and I, thought that, once married, a woman just didn't work'. Similarly, when I asked Judith if she had ever wanted or tried to work outside the home after becoming a mother, she responded by saying, 'My husband didn't believe in wives going out to work'. Judith continued by telling me she had not wanted to work, but it was clear that even if she had, it would have created tension between herself and her husband. If any of these women had feelings that conflicted with the 'agreement' they had with their husbands, they were not vocalised during the interviews.

Placing a woman's duty as primarily within the home was not a view held only by these women's husbands, for during this time in Britain there were three main sectors of employment in which marriage bars existed: teaching, the civil service, and within

the British Broadcasting Corporation. Jean, who worked in the civil service before getting married in 1956, experienced first hand the continuing expectation of resignation upon becoming a married female employee. While the official marriage bar was lifted in 1946, Jean explained that ‘the unofficial understanding meant you were encouraged’ to leave upon marriage, ‘as they gave you a gratuity if you did’. Accepting the gratuity to pay for their small wedding, Jean and her husband, Jimmy, both felt the decision was the right one because Jimmy wanted her at home, and it was not his desire alone. ‘In my day, none of the women worked [after marriage], it’s the way it was’.

It is likely that ‘the way it was’ was actually a continuance of what these women experienced while they were brought up. While an explicit reference to their own mothers was not made in every interview, it is probable that none of these women’s mothers had worked outside the home beyond marriage. Thus, resentment about ‘the way it was’ was not common in the immediate post-war cohort’s recollections, although some wistfulness presented itself in Donna’s story.<sup>2</sup> This, I suggest, is because their motivations were centred on first supporting their husbands and then raising their children as best they could, and as middle-class women during the immediate post-war period, they felt this to mean staying at home. As Donna, 74 years old at the time of our interview, from Glasgow, related:

Yes, I think there was a certain way that society did look, expect, mothers to be full-time mothers. It wasn’t really fashionable as it is now for mothers to continue their career, although it was starting. I think in order to be considered a ‘good mother’, one stayed at home with the children; other people did expect you to behave in a very conscientious way towards your family.

While it was acknowledged that some women did things differently, a middle-class mother aiming for social acceptability did not deviate from society’s norms. In Donna’s experience, a ‘good mother’ stayed at home to devote all her attention and energy to both children and home, for as discussed in Chapter Four, a ‘good mother’ trained her child into adult-like behaviour as quickly as possible. By not taking an

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<sup>2</sup> When asked if she knew any women who did go back to work after having children, Donna told me she did, and, how she ‘kind of admired how they could manage to cope with it, successfully’. She made no other remark indicating a denied wish for employment, though her admiration acknowledged that women could do both types of work without detriment to or exclusion of either.

outside job, and therefore not spreading her attention too thin, a mother was seen as 'conscientious'; someone who took her obligations seriously and did not attempt to shirk domestic and child training duties.

Society's expectations were those shaped by a country experiencing a renewed conservatism in morality. As historian Callum Brown notes in his examination of the decline of religion in Britain during the twentieth century, despite the new jobs and training offered to women during the Second World War, 'women's liberation was deferred in the late 1940s and 1950s, and the deferment required the re-circulation of a traditional discourse on 'domestic ideology'' (2000: 191). It has been asserted that the 'domestic ideology' has typically been more persuasive in the middle-classes (Bruley 1999; Davidoff et al 1999). Therefore, although the number of married women in employment in Scotland rose gradually after the Second World War, to 23.4 per cent of all women in the labour force in 1951 (after having been only 8.5 per cent in 1931), this did not mean society accepted mothers who returned to employment as 'normal' (McIvor 1992: 141).<sup>3</sup> As over three-quarters of married women in Scotland were not participating in the labour market, the normative middle-class standard for mothers was staying at home. Donna, Judith, Jean, and Harriet all recalled being drawn to staying at home in order to satisfy their idea of where a mother should focus her attention.

As 76 year old Judith and I discussed family life and childrearing, she emphasised to me several times how much she had loved staying at home with her three children born in 1946, 1949, and 1954. Through the Second World War, she was a volunteer children's nurse, but resigned in 1945 before her husband returned from service that same year. When asked if she had enjoyed nursing, and whether she had considered continuing with it, she replied, 'I quite liked the nursing, but I never, ever went back to business, I brought my children up'. Judith saw her obligation of 'bringing up' her

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<sup>3</sup> Several changes to the structure of employment opportunities contributed to the increasing numbers of all women in paid employment: the shift from indoor domestic servant work to non-servant opportunities that resulted from the expansion of the private and state sector employment, the process of technological change in which new mass-production assembly-line techniques were devised, the development of food and drink processing, transport, and communications, and the growth of the electronic and instrument engineering sectors in Scotland (McIvor 1992: 139-140).

children as precluding any other engrossing activity or 'business'. Her awareness of what others around were doing helped to reinforce her notions of mothering:

I knew what was going on outside of family life, but a lot of my friends were family-oriented people, they didn't leave their children. I don't think in those days, even the professionals, the doctors and lawyers, they never left their babies with anybody else, or had key - what do you call them - latchkey children, they go home from school and no mother there, you know?

Judith considered her friends to be like-minded people who also 'never left their babies'. The image of a mother being at home when the children returned from school seemed quintessential to many of the mothers from all three cohorts who used it to relay their ideas of supporting their children and providing a stable upbringing.

Indeed, Judith deployed the term 'latchkey children' to convey the opposite of this stability.<sup>4</sup> Thus, the image of children returning to an empty house was, in the women's narratives, a metaphor for the failings of morality in motherhood. Harriet, 75, who settled in Edinburgh upon marriage, also framed her situation of not working after marriage in terms of the overriding importance of raising children:

I used to find, even as the girls got older, that if you weren't around when they came home from school it was "mum, where are you?" You know, I felt it was more important to be at home than out earning money.

As Harriet felt her husband earned enough money to support the family, she felt the place where her effort was most needed was within her home.

In the immediate post-war cohort, only one woman, Mairi, worked outside her home after becoming a mother.<sup>5</sup> However, because in Mairi's specific situation supplementary income was needed in order to provide for the children, no guilt was expressed as she recalled those years. Mairi was a working-class mother whose first child was born in 1957, and she always held part-time work except during later

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<sup>4</sup> The term 'latchkey child' was first used on American television during a 1944 NBC documentary on the phenomenon of children being left home alone during the war when one parent was enlisted in the armed forces and the other out at work (*Oxford English Dictionary* 1989: 677).

<sup>5</sup> 74 year old Alison also worked, although not in a paid wage capacity. Her situation of living on a small farmholding, which required her labour for maintenance, was unique amongst women in the post-war cohort. Therefore, she did 'split' her attentions, but was also able to remain within viewing distance of the children and let older siblings look after the younger ones.

pregnancy and the first few months following birth. Her husband was called up for National Service when their first child was four months old, and was posted in a foreign country for about 20 months. He later drove a taxi, 'which wasn't enough money'. Looking back on that time of her life, Mairi explained:

I used to have a wee job most always, you used to get your money in your hands. Usually it was just a nice wee shift, a few hours most days, just an extra bit of money, because that's what you were expected to live on to keep your child. There was no benefit till the later children, and my husband was a taxi driver, didn't earn much money.

In Mairi's case, the obligation to raise her children and give them the best upbringing she could was seen as consistent with earning part-time wages. Mairi experienced no dilemma about childcare as her mother lived close enough to help while her first two children were young. With her third child, a nursery was used while the other two children were in school, but by that year, 1970, it was a much more common occurrence. When I asked her whether she ever felt any guilt or stress with the combination of motherhood and employment, her reply highlighted her motivation, as her part-time wages were a 'must', not in order to buy luxuries or go on vacations, but 'just for the daily ins and outs'. To Mairi, there could be no binary system of motherhood precluding employment, where being a 'good mother' meant staying at home.

Most of the women in this cohort saw the choice to take paid employment as financially-based. They could appreciate financial need as a determinant for working, and even differentiated between the time when they had raised their children, and 'nowadays'. Judith, Jean, and Donna all commented that they understood times had changed, and either due to higher mortgages or standards of living, many mothers had to work in recent times, 'just to make ends meet'. I gathered from fragments of the narratives that women in the post-war cohort felt their time to have been simpler. As Harriet elaborated, 'things were very low-key at that time, there wasn't nearly so much money to start, so you didn't try to spend too much'. This idea of people possibly wanting too much, therefore making a second income indispensable, arose again in the next cohort as a cause of mothers working. What did seem to be absent from the understanding of the majority of the post-war



cohort was outside employment as a facilitator and component of identity, as exemplified and discussed with respect to the other cohorts.

### **Professional opinions of mothers in paid employment, 1945-1960**

The employment of married women increased during the war effort, and this increase, as compared to peacetime rates, continued gradually after the end of the war. In 1943 the number of women participating in Britain's labour market who were married was 43 per cent, and the numbers climbed to 51 per cent by 1959 (Summerfield 1998: 68). While these numbers did point towards an 'opening up' of occupations to women, the war and post-war years did not necessarily mean working outside of the home after marriage was welcomed or made easy, for the employment of married women was the employment of potential mothers.

The need for labour reinforcements during the war did not cause a change in the state's social policies regarding mothers or the public discourse about a mother's place within the home. This resulted in much of the paid work for women being organised on a part-time basis, for which lower wages and few benefits were common. Despite the pressures of the wartime labour shortages, the process of recruitment contained exemptions that demonstrated official perceptions of women's domestic duties. For instance, no mother with a child under 14 living with her could be directed into war work, even if the work was local (Summerfield 1995:75). There was a tension between the patriarchal expectations concerning married women, with or without children, and the needs of the war economy. After the war, many women left their wartime occupations for a mixture of reasons. First, most of these positions had in any case explicitly been categorised as temporary, especially created for women, and many employers quickly terminated many wartime positions. In addition many women genuinely wanted to get married, or have a baby, and stay at home. In fact, as a commentator on wartime and post-war women workers, Geoffery Thomas, notes, the convention of devoting oneself to a husband and marital home was as strong a deterrent to work as motherhood (Summerfield 1995:74).

Fears that the home might possibly recede behind factory walls grew after the war. In the editorial '*The Housewife and Mother*', written by the President of the National Women's Citizens' Association in 1945, Britain's history and sense of self was called into play to reinforce this idea of the woman's duty to the home:

For centuries the women of these islands have been proud to be considered the finest home makers in the world, and they have produced sons and daughters who have gone forth to people the Dominions with a race that has earned the admiration of the world in its ... ability to make homes (Large: 146).

The President continued to express her alarm over the number of women who were beginning to deride the homemaker as living a life of drudgery without recognition, stating that such attitudes directly threatened Britain's stability:

The harm suffered by the nation and civilisation by this attitude cannot be measured ... for her [the woman] most important duty to the nation is that of motherhood (ibid).

As this editorial was penned at the end of the war, it represented a verbal exhortation for women to find a sense of purpose in the home similar to that which the government encouraged in the wartime workforce.

Social policy supported this exhortation in a more direct fashion, leading to both the common practice of married women resigning from jobs voluntarily, or being required to resign due to marriage bars. Pro-natalism as an underlying ideology was also demonstrated by the Beveridge Report on Social Insurance and Allied Services, published in 1942, in which it was assumed married women would not be working. Regardless of whether or not a married woman had children, she was listed as a dependent, making her benefits payable through her husband's insurance (Lewis 1992a: 21). That a woman should put full-time motherhood first was also something the Ministries of Health and Education supported, for their post-war circulars stated explicitly that 'the children of working mothers were not to be given priority for day care or nursery education' (ibid: 71). However, the sentiments reflected in the legislation of the time contrasted with the growing numbers of working married women.

As it became clear that this trend was not likely to change, the professionally-circulated and parent-directed literature on childrearing commonly portrayed mother-care work and paid labour as two mutually exclusive activities. *Mother and Child*, the publication of the National Baby Welfare Council and mouthpiece for many paediatricians, health visitors, midwives, and members of the Royal Colleges of Physicians and Surgeons, contained many articles that examined the ‘problem’ of working mothers. In an article discussing changing social conditions and parental responsibilities after the war, a Superintendent Heath Visitor commented:

We are also faced with the problem of mothers who go out to work ... many women now go out to work even though their husbands are in full-time employment. But what of the children who are being deprived of the value of home in their most impressionable years? How can the mother cope with the home and the usual family faults with patience and restraint after her outside work has tired her? No woman can run a home and a job efficiently, for long periods, without harm to one or the other (White 1953: 261).

A mother who worked outside the home was literally *depriving* her child of necessities; of attention, of ‘patience and restraint’, of her efficiency. The duties of motherhood were necessary, and the mere possibility of not fulfilling them, particularly due to paid labour, would be detrimental if the child could not depend on the mother’s presence, care, and commitment. There was a risk that in the future such a child could become deviant.

In the criminological research of the 1940s and 1950s, the ‘family’ was often referred to as the source of delinquency, with such issues as the rise in gang-related violence deemed an effect of mothers working during the war. Various researchers (Glueck and Glueck, 1950; Hirschi, 1967, 1969) used the term ‘latchkey children’ when addressing the absences of parents at home when their children returned from school. In her examination of women’s studies in a historical context, Wilson pointed out that the theme of latchkey children, ‘was taken up in the popular press, and neglectful mothers, their values perverted by materialism and greed for more possessions, were blamed for juvenile delinquency’ (1977:64). A mother’s attention and care were considered to be necessary for the proper socialisation of her children, meaning that time frequently spent away from a child could be detrimental.

Yet, risking a child's personality or relationships in order to work outside the home was something some experts, such as Dr John Gibbens and Sir Truby King, seemed to be confident that most mothers would not do. The fact that these experts failed to address this dilemma in their manuals marginalised the 'problem' of the mother who worked. This, in turn, seemed to suggest an assumption in the parent-directed literature that any mother conscientious enough to read a childcare manual would not work outside of the home. Dr Gibbens only went so far as to state that, while nursery schools were a product of the times, 'no child under the age of 3 should ever be left in the care of a nursery ... and full-time attendance was too much for children under the school age' (1954: 199). This statement did not elaborate on any kind of moral order, but also did not offer any suggestions or advice other than what not to do, leaving little space for employment within 'good mothering'.

Meanwhile, the expert most often referred to by my interviewees, Dr Benjamin Spock, addressed the issue of mothers who worked but he remained ambiguous on the subject. On the one hand, Spock agreed that a mother who worked was risking the physical, mental and emotional well-being of her child, stating that it was the mother that could best provide the loving, secure atmosphere children needed in order to thrive. With respect to mothers providing the best care, he stated that:

... Useful, well-adjusted citizens are the most valuable possessions a country has, and good care during early childhood is the surest way to produce them. It doesn't make sense to let mothers go to work making dresses in a factory or tapping typewriters in an office and have them pay other people to do a poorer job of bringing up their children (1955: 570).

For Dr Spock, it went against logic for a mother to pay for childcare.

However, on the other hand, Spock understood that some women could not afford to stay at home, or would not be happy, yet was at a loss as to how to advise them other than to reinforce the importance of the mother:

Some mothers have to work to make a living ... a few mothers, particularly those with professional training, feel that they must work because they wouldn't be happy otherwise. I wouldn't disagree if a mother felt strongly about it, after all an unhappy mother can't bring up a very happy child ... but if mother realized how vital she is to her small child, extra money or satisfaction would not be so important (1955: 571).

Ultimately, Spock took a negative view of mothers taking paid work. Spock did draw a distinction in two areas though: it was the ‘small’ child, too young for school, that really needed his or her mother; and financial necessity could override maternal obligation. The concept of timing in relation to work and mothering is one explored more thoroughly in the next two periods, but it was already present in the early discussions of mothers who worked.

### **Cohort Two: betwixt and between, 1961-1980**

While the 1960s and 1970s might be considered as ‘progressive’ in terms of Britain’s changing social policies – primarily in the areas of sexuality, the family, and the arts – changes in women’s position in society and the expected moral order did not occur over night. Additionally, social change was slower in Scotland than in England and Wales and this was reflected in the statistics of married women’s economic activity; in Scotland in 1971, 39.7 per cent of women were employed (McIvor 1992: 139), compared to 55 per cent in England and Wales according to the census reports (Hakim 1979: 3). The social climate was one of conflicting interests and struggles, particularly with respect to notions about women. Struggles and campaigns aiming to protect and further the rights of women were prominent at this time, but women found themselves caught between the pressures of two differing ‘moral orders’.

On the one hand, there was an ideological legacy from the immediate post-war period that married women and mothers should spend their time remaining in the home to provide children with stability and allowing men to be the primary earners. One piece of legislation that reinforced this ‘traditional’ morality was the cohabitation ruling (1966), in which a woman cohabiting with a man was still forced to rely on the man to claim any supplementary benefits. This ensured that there were no economic benefits to living together without a conjugal contract (Wilson 1977:81). On the other hand, these decades witnessed a sustained campaign by women’s groups for equal opportunities in employment and equal pay for equal

work, aiming to facilitate more women participating in the workforce (Beaumont 2001: 270). Britain's NHS (Family Planning) Act in 1967, Equal Pay Act of 1970, and 1975 Employment Protection Act were all evidence of the 'progressive' changes to women's positions and opportunities, which sat awkwardly with conservatively informed policies (ibid: 268). While these two contrasting pressures were not completely discrete moral orders, they did pull women in opposing directions, and there was no consensus on women's position as citizens. Where women's priorities lay during these years, according to both the professionally published literature and my informants, was contested.

Labour market changes during the 1960s and 1970s lent support to the 'new' morality of women as paid workers. Statistics show that more women, married and with children, entered into paid employment in the 1960s and 1970s than before. Overall in the UK, labour force participation of women aged 25-34, 'the prime years for having pre-school children', rose from 29.5 per cent in 1961 to 38.1 per cent in 1971 and continued to rise to 48.6 per cent in 1981 (McCloskey 2001:169). Specifically in Scotland, the percentage of the entire female workforce that was married increased from 23.4 per cent in 1951 to 38.7 per cent in 1961, and again to 57.8 per cent by 1971 (McIvor 1992:142). Reasons for more women entering into the workforce included the transformations of the types of jobs available, so that more women were moving into the 'white blouse' occupations of insurance, banking, business and public administration. An additional aspect of the workforce in this period was reflected in the testimony of this second cohort: the major increase in female employment was in part-time jobs and the lower echelons of industry. Between 1951 and 1981 the proportion of total female jobs in Scotland that involved 30 hours or less rose from less than 5 per cent to 41 per cent (McIvor 1992:143). Finally, more women were accessing tertiary education and gaining formal qualifications (Joshi and Hinde 1993: 211), this being mirrored in my interviewees' experiences.

My interview findings did corroborate that more mothers were working, for none of the nine women I interviewed from this cohort permanently left paid employment

after becoming a mother, with all but one working part-time. What also came through in my discussions with women in this cohort about work was the idea that the ‘timing’ of returning and ‘order’ of events mattered, for one could actually do things ‘the wrong way around’. In this second cohort, the timing of when to return to work was not coordinated with the child’s age in months, as was frequently the case in the third cohort, but involved waiting until the children were old enough to look out for themselves to a certain degree. This typically resulted in this cohort’s employment histories typifying the bi-modal, M-shaped work pattern (Lewis 1992a: 74).<sup>6</sup> A few women waited for slightly longer intervals between children and returned to work between births.

For these mothers, delaying regular absences from the home was an assurance that intensive caring duties would not be missed, as the children would then be old enough to be developing social relationships outside the home. Because of this, issues surrounding childcare performed by someone other than the mother did not feature prominently in the narratives of this cohort. All nine of the women held occupations after marriage but prior to having children; only three returned to work before those children entered primary school. For the remaining mothers in this cohort, approximately half of the women had returned to employment by the time their children were in the middle of primary school, with the other half waiting until the children were in secondary school.

While the priority of staying at home for the first two to four years was shared by all women in this cohort, whether or not the home was taken to be the primary obligation indefinitely differed amongst the interviewees. The perception of paid employment as a rejection of duty – at least in consideration of children not yet in school – was a somewhat persistent sentiment during the ‘Progressive’ years, as

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<sup>6</sup> The bimodal work pattern is a statistical pattern when the age of women is plotted against age. The data contains the ‘M’ shaped pattern. If the trajectory of a woman’s life is imagined as ‘M’ shaped, the bimodal pattern is represented by two ‘peaks’ of paid employment: the first is when a woman becomes old enough to enter the labour market, the dip as the time she leaves in order to bear and raise children, and the second peak is when she ‘finishes’ childrearing (however defined) and returns to paid employment. The ‘M’ shape is usually used to describe a woman who has her children in relatively close succession, as opposed to leaving a longer interval in between each child, so that the mother ‘returns’ to work more than once – something more common in the most recent cohort.

several women in this cohort recollected. Although none of the women in this cohort permanently left work after becoming a mother, the decision of when they returned often revolved around domestic duties. Several women spoke of a bargain between them and their husbands; only if everything was taken care of at home was a part-time job possible, for the obligations represented by the home still took precedence.

Thus, while raising her children, born in 1973, 1975, and 1978, Fiona felt pressure primarily from her husband to ensure all domestic obligations of unpaid work and childcare came before her profession. 54 year old Fiona, a specialised nurse, explained to me:

Many of the difficulties [of working while raising children] came from my husband. When I said I wanted to go back to work, his attitude was, 'well, that's fine as long as', you know, 'that's done, this is done', whatever, 'if you can do that and work, then that's great. But if you can't do that, then forget it'. And I very much needed permission to go back to work.

Fiona did return to her occupation for two nights a week in between the births of her three children because she felt that her education, qualifications, and achievements in her career were crucial. Working part-time in her chosen profession allowed Fiona to maintain her identity outside of being a mother. Her job meant recognition of 'other things that made me a person', and was not a rejection of her role as mother. Rather than being an act of negation, paid employment for Fiona was an act of inclusion and completion. Financially, her part-time employment did not provide much help, for in Fiona's words, her husband's income was 'more than enough'.

Despite working outside of the home representing 'a bit of sanity' for Fiona, she remembered nagging anxieties of the image she presented. Pressure came from Fiona's parents because they believed that, 'when you got married, you should then give up work and become a great little homemaker'. Fiona's mother had not worked after marriage, and perceived the taking of a job as a refusal of motherhood. Fiona's husband saw a job as more of a diversion, something attached on to the already finished life inside the home. To Fiona, her career, while representing the work and achievements of her life prior to being a mother, also provided her with a personalised space. Yet, she felt caught between wanting to work while her children



were still young, and the expectations of being a 'great little homemaker'. The women's movement had not altered the idea that it was the woman who took responsibility for the home as her first priority.

This was something Catherine also described, when her child, Laura, was three years old in 1974, and she returned to work as a part-time research assistant. As in the case of Fiona, Catherine's income was not needed, but was important because she felt she 'regained some independence'. Catherine described working while her daughter was still too young for primary school as a 'strange and deceptive' time. The neighbourhood where she and her husband lived was full of similarly young, professional couples starting families, and many of the wives worked. In fact, they organised their own childminding system in order to cut costs on nurseries. Yet, despite this 'comfortable and reliable' informal network, Catherine recalled that, 'in the 70s, most people still thought a woman's place was in the home, certainly until they were in school'. This disjuncture created 'deceptive' feelings for Catherine: the moral imperative for women to remain in the home with young children was pervasive enough that it informed her memory of the 1970s.

For the women I interviewed who chose to stay at home until their children were of secondary school age, it felt as if they were the ones swimming against the tide. They recalled that the image of the housewife was increasingly deprecated, as evidenced by 63 year old Ellen's experiences of being treated 'by others as two above the village idiot' when she explained she stayed at home. Although the numbers tell us that not even half of the women in Scotland were in careers and participating in the labour market, Gillian, 46, described herself as 'doing things backwards', having her children while very young and obtaining a university degree and job much later in life. Her choice to stay at home while the children were young led her to feeling out of phase with the rest of her peers during the 1970s. Gillian's first two children were born in 1977 and 1979, while her third child was born nine years later. Having married directly out of high school, her first pregnancy came so quickly that she did not enrol in a university course or begin employment, having made the decision with her husband to stay at home with the children. Gillian

recalled that during her time at home with her youngest two, a feeling of anxiety surrounded her because she was ‘only a mother’:

I always thought I’d like to have children, but I didn’t think I would have had them so soon. I thought I would go and start a job and all that first. But that’s not how it worked out, which was a source of stress, an anxiety. I got the feeling I was only a mother, because my friends all had jobs and extra money and all that.

Gillian’s declaration ‘I’ve done everything the *wrong* way around’ was a testament to the powerful draw of the expectation to work outside of the home. It was Gillian’s motivation to be at home with her children while they were not in school full-time – a total of approximately seven years – that led to her rejection of the promise of life’s amenities, what she deemed as extras:

I kind of regret thinking like that [that she was only a mother], because it’s such a short phase of your life, you know, being a mother, at home, its only part of your life, a small fraction of it. I did feel pressure to go out to work, from the media and friends and whatnot. Friends would say, ‘well, if I don’t go back to work, then we can’t afford such-and-such’, and I’d be like, ‘well, you can’t have it then’. You know, ‘you could stay at home if you really wanted to’. We did miss out on things, we didn’t have family holidays abroad but by no means were we struggling to feed the kids or anything. And so, it was all very much a choice.

Gillian is a good example of how economic factors and expectations were not always the prime consideration in most of the interviewees’ decisions about family, despite the fact that many interviewees discussed the economy in relation to more mothers returning to employment. This is likely to be connected to Britain’s economy in the 1970s, which has been described as ‘unstable ... beset by economic failure’ (Tiratsoo 1997: 163), and thus, has been given as one reason more women returned to work after becoming mothers (Hakim 1993: 88). Indeed, several women from all three cohorts did remark upon both inflation and the rising cost of living as being ‘legitimate’ reasons for mothers needing to work. However, many of these same women felt that people generally wanted ‘too much, more things’ and Gillian supported this view, saying ‘extra commodities’ did not weigh strongly enough to change her opinion of what mothers were supposed to do.

What seemed to cause Gillian the most stress while her children were young was the lack of similar young women around her, and the separation from her peers’

experiences made her feel marginalised. The lack of companionship and camaraderie during her earlier childrearing days meant that, when Gillian told me about her experiences of going back to university as a mature student, she focused on the bonds she had with other women. I see the lack of a social setting, provided by outside employment, to be what Gillian felt as the biggest drawback of staying at home, instead of a lack of extra money or a kind of financial independence. In the women's narratives, financial independence was not an explicit goal, although extra money to help with expenses was mentioned. Moreover, financial independence was not explored in terms of a sense of self or as a statement of identity. I interpret Catherine's previously described sense of independence to be more representative and symbolic of autonomy within her everyday life rather than economic self-sufficiency.

However, both financial independence and autonomy in everyday life meant a non-reliance on the husband or partner, an achievement of self-reliance. In Britain, the 'amazing rise of illegitimacy' (Lewis 1992a) began in the 1960s, as well as a greater number of marriages ending in divorce, and because 90 per cent of all lone-parents are women, an increasing number of lone mothers had to be self-reliant to a certain degree (ibid: 2).<sup>7</sup> It was in part these circumstances, of mothers with no other breadwinner, which necessitated women acquiring financial independence. 46 year old Emily was a single mother who returned to full-time employment when her daughter was ten months old, in 1979. The requirement of financial autonomy helped to assuage any guilt Emily might have been expected to feel at being 'absent', while also affording her a sense of freedom not expressed by the other women:

I had very few pangs of regret about leaving Amanda, I always worked on the principle that if I was happy, then she'd be happy. I was desperate to get back to work, you were lumped into a particular area, and all I could see ahead of me was this [being a mother at home]. And people accepted I'd have to go out to work because I was an unmarried mother. It was fantastic.

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<sup>7</sup> The increase in lone mothers was due to a combination of elements that included not just more women engaging in sexual relationships outside the conjugal contract, but was also dependent on more women deciding not to marry after the fact of becoming pregnant, more women opting to keep children born outside of marriage rather than give them up for adoption, and the increasing rates of divorce (Lewis 1992a). The interplay of reasons was more complex than those given above, but these give a brief glimpse behind the numbers.

Being ‘lumped’ into an expectation for mothers to stay at home made Emily desperate to return to work. By not having the father involved, expectations allowed her to define herself as a worker in addition to being a mother.

This freedom was castigated by supporters of the more traditional morality who explicitly connected paid employment with a retreat from marital and maternal obligations. In Emily’s case, as well as in Catherine’s and Fiona’s, paid employment did allow a kind of freedom; they escaped from the confines of being ‘only’ a mother, of their lives being limited to raising children at home. Emily explained that it was her decision not to involve the father and that she had not wanted to marry him. Emily’s story comes at the end of this period and crosses into developments relevant to the third cohort. It was during this time that Prime Minister Margaret Thatcher’s efforts to stem the ‘dependency culture’ included attempts to ensure that parents accepted their responsibilities. However, it seems this vision did not include ‘independence’ within the prescript of women as mothers. Not only did government policies not view women as the primary financial provider for children, as demonstrated by the high costs and limited availability of child care coupled with the loss of income support when earning a specified amount, but they also strove to force fathers to be involved (Lewis 1992a: 97). Emily felt this when she registered with social services, who demanded she reveal the identity of the father in order for him to be located:

... Because at that time as a single parent, you had to give the name of the father. If you weren’t prepared to give them the name of the father, they would deduct five pounds off you a week, which was quite a lot of money. I knew what they were doing, they would go chase him for the money, and it was my decision not to have him involved in my life, I was really furious. I decided I could do without the five pounds, I wasn’t having that.

By financially punishing Emily’s refusal to comply, her economic independence as a provider was restricted. That such a policy existed demonstrated the ongoing influence of the more traditional moral order, which the Tory years sought to reinstate.

## **Professional opinions of mothers and the labour market, 1961-1980**

The conflicting moral orders that interviewees felt themselves to be caught between, in which women's priorities and ability to combine motherhood with paid employment were contested, were also mirrored in the professional opinions of childcare experts during the 1960s and 70s. As many women struggled, not only to decide what their priorities were, but also to structure their life to accommodate them, so too did many professionals find it difficult to advocate a specific position. Deciding how, when and if women were to weave together paid employment and motherhood were not issues upon which experts agreed. Indeed, many contradicted themselves, sometimes within the same publication.

Evidence would suggest that the binary view of the post-war period, where women could not possibly do both paid employment and mother-care work 'properly', still existed in this time period. Thus, in 1962, a member of the International Union of Family Organisations, who was 'giving the woman's side' of the picture regarding work, wrote that going back to work was 'sometimes an unconscious form of escapism when she failed to make the grade as a mother' (French 1962: 24). Regarding work outside the home as a kind of flight from failure in motherhood was a sentiment inherited from the post-war moral order, underlining how, even as progress to give women more autonomy in sexual and employment matters was ongoing, the perception of paid employment and motherhood as being ideologically at odds persisted.

In fact, even in the late-1970s, some seventeen years later, Dr Penelope Leach partially reproduced this sentiment. Leach focused on this conflict of choices and priorities, but seemed uncertain of any solution in her texts. In her childcare manual, *Baby and Child*, Leach did not explicitly instruct mothers to stay at home until the children were old enough for school, but did make it clear she thought this to be the best situation. The devotion of time needed to apply all of Dr Leach's advice revealed an assumption that mothers were not in paid employment, and she told readers, '...unless you have a good set-up with another mother or tame relations

nearby, a demanding part-time job is risky' (1979a: 396). She did not consider a full-time job, for even a part-time job could 'risk' the well-being of the child. In her lesser-read book, *Who Cares?*, Dr Leach warned of the opposing pressures on women and set out the pitfalls of working mothers' lives:

...While I accept that there are, and probably always will be, some mothers who truly yearn to escape from the daily care of children they may have been unwise to have, I do not believe that the numbers are nearly as great as the work statistics or the media suggest ... I even believe that some of the women who are currently 'at work', part-time or full-time, are disillusioned with their multiply-complex lives and the concomitant guilty feelings of never doing any of it properly (1979b: 105).

This excerpt highlights a complex message. Leach acknowledged that a new 'moral order' was becoming prevalent, in which many more women were working after having children. Yet, not only were the numbers of mothers who 'yearned' to 'escape' from childcare possibly exaggerated in Dr Leach's view, but also many of the mothers who did continue their careers without a long break were 'disillusioned'. These implications suggest Leach could not quite resolve the tensions she perceived as being inherent in the situation of a caring and conscientious mother also wanting to return to paid employment.

Meanwhile, ambivalence towards mothers who worked was widespread amongst the childrearing experts. Hugh Jolly, another popular author of parent-directed childcare manuals, seemed to have been determined to pay lip service to the growing expectations of mothers in paid employment, yet he constantly used language and phrases that cancelled out this attempt. In his 1975 *Book of Child Care*, reprinted again in 1980, Jolly began by telling mothers not to feel guilty about returning to work, and that 'baby won't automatically be better off with a depressed mother at home' (1975: 130). Yet he then went on to write:

Many women are torn between their desire to be a good mother and their need for the outside interest of a job... I can understand that especially for women with careers, adjusting to being at home is hard, and no one would think it odd if a man found it difficult to stay at home, but he wouldn't have the hormones or instincts to help him ... I also understand that in today's world, it is almost a person's right and duty to see through their talents and achievements, and these create rival pressures on women (ibid: 135).

While Jolly admitted that mothers taking paid employment was something he understood and advocated, he also vacillated in his views: either towards adhering to the older 'binary system' of being a 'good mother' *or* being in paid employment, or towards the idioms of biologically determined maternal instinct and aptitudes, as discussed in Chapter Two. Jolly was apparently trying to align himself with 'today's world' of pursuing talents and achievements against his personal notions of what a mother's priorities were supposed to be. Furthermore, both Jolly and Leach addressed the issue of women caught between opposing pressures, where a newer morality accepted that mothers might want to continue their career, either to attain achievements or to engage themselves in 'outside' interests. However, both Leach and Jolly, whose intended audience were mothers, ignored the lack of social interactions many young mothers experienced. These experts admitted mothers could find childrearing and isolation problematic, but neither Jolly nor Leach discussed the implications of women as lonely and bored in their time spent as 'at-home' mothers.

Very few of the childrearing experts writing during the 1960s and 70s seemed to consider seriously the issue that many women were isolated while at home with small children (an issue I explore in Chapter Eight). However, women's increased participation in the labour force was often framed as a desire for outside interests and company. The suggestion that women were searching for a way out of the home and for more autonomy in income disposal arose in several publications, but in a rather flippant manner. For instance, at an early-1970s conference of the National Society of Children's Nurseries, the results of which were published in the professionally circulated journal, *Mother and Child*, a professor of Social Economics explained that for most women, it was not necessity or career that pushed women into work, but the desire for indulgences and socialising:

Radio, cinema and television demonstrated the luxury life and encouraged demand for higher standards of living. It was not poverty and not a desire for a career that sent women to work, but the need for company and occupation and the desire for financial independence and an improved standard of living (anon 1971: 124).

Women were not assumed to be ambitious or driven by a need to capitalise on their

talents, and the author of the article only viewed a woman's quest for economic autonomy as a reflection of negative home circumstances. The article also discussed the types of jobs women frequently chose, their choices in child care, and the situation of unsupported mothers or 'wives whose husbands were poor providers'. It urged more provision should be made 'for women with children under the age of 3 years, so that they need not work'. If, financially, a woman need not consider working, the article implied, a woman would not seek paid employment.

### **Cohort Three: permission to stay home, 1990-2004**

During the 1980s, Margaret Thatcher attempted to bring back some of the post-war sensibilities, where 'family values' were equated with more traditional gender roles and ideologies. The Thatcher government also championed a greater reliance on private and family provision, wanting to rid the state of 'poverty traps' by endorsing responsibility, both to oneself and to citizenship. Qualifications for state assistance became more restricted and rigorously tested, evidenced by the Social Security Act of 1986 and the planned reduction in benefits to lone-parent families (Wasoff and Day 2000: 136). Thatcher's desire to place the locus of responsibility within the familial unit can be viewed as an attempt to reduce the state's role in providing individuals with security, while also striving to remake the family as the primary unit of importance within society. This suggests that the policies under the Thatcher government included a view that mothers were meant to stay at home responsibly rearing their children if at all possible, while arguably penalising the position of being a lone mother because it merged the roles of nurturer and provider.

The early 1990s saw family policies become increasingly centred on children. 'Marriage declined as the defining institution of the family, increasingly replaced by parenthood and children' (Wasoff and Day 2000: 136). The 1990 Child Support Act, which established the Child Support Agency, initially required lone mothers to officially name fathers in an effort to recover funds owed for parental responsibility while reducing the state's benefits for the mothers (ibid: 102). This was a demonstration of the continuing effort to emphasise parental accountability.



However, by the late 1990s, when Tony Blair and 'New Labour' came to power in 1997, changing ideologies meant citizenship was viewed more as a duty than a right. The Minister for Welfare Reform stated in 1997 that the reform agenda focused on a renewed emphasis on responsibilities, raising a call specifically to parents and highlighting their obligations to their children, and 'the responsibility of adults of working age to work' (in Wasoff and Day 2000: 139). Such a call for all to work who were able demonstrated that women were more or less expected to participate in the labour market, not only for personal reasons but in order to fulfil the moral responsibilities of citizenship.

Statistics show that regardless of the reasons and motivations, more women, especially mothers, in Scotland were working. In 1981, 62 per cent of all women working in Scotland were married (McIvor 1992: 142). By 2004, 62 per cent of all women with children in their household participated in the labour market in some manner (SHS 2005: 87). Furthermore, 73 per cent of all married women in Scotland were in paid employment, 64 per cent of women cohabiting were employed, and most significantly, according to the 2003-2004 Scottish Household Survey, the number of lone mothers in paid employment was higher than in any previous year at 49.6 per cent (SHS 2004: 87-88). Part-time work continued to be the chosen path of many mothers into the labour market, as unpaid domestic labour and the care of small children still fell mostly on their shoulders. Working part-time was often an easier choice because of inadequate childcare provision. The DfEE Family and Working Lives Survey 1996-1997 found that fewer than one in ten working mothers were able to depend only on formal support, leaving them to their own solutions, such as informal childcare, flexi-time and attempting to fit the responsibilities and tasks of a full-time job into a shorter working week (Wasoff and Day 2000: 123).

It could be asked why, if a mother worked only part-time and then had to pay full costs of formal childcare, participation in the labour market was so important to them. Hakim's comparative study of women and work in both Britain and Spain helps to illuminate this: in a 1999 survey, 67 per cent of all respondents who were

women working in Britain – both full-time and part-time – reported that they would continue working without financial need (2000: 56). This strongly points to work as a component of satisfaction and identity for women, and not just as a means to an end.

Moreover, this was robustly echoed in my interviews with women who reared their children between 1990 and 2004. Ten of the fourteen mothers from this cohort returned to work in some capacity before their child's first birthday. Of these ten mothers, several returned to full-time positions, others compressed a full-time job into a four-day work schedule, and the remaining women worked part-time, between two and three days per week. Instead of most women fitting the 'M' shaped bi-modal pattern of work so that their childbearing was concentrated within several years, the women in this cohort participated in the labour market more continuously. Typically, interviewees in this recent period had lengthier intervals between their children, and returned to work after each child's birth. Of the four women who did not have a formal occupation at the time of the interview, and with no plans to return in the immediate future, three did agree that in years to come they would more than likely take up some kind of part-time work. Finally, 30 year old Eileen could not work because of a health condition; organising her children's lives and activities became her occupation and her situation is explored further in Chapter Eight.

The women who did not choose to return to work within the first few years of becoming a mother were in the minority, and explicitly felt themselves to be marginalised. As 23 year old Grace, who had no intention of returning to a job before her child was well into school, expressed it, 'you just about have to have permission to stay at home now'. What made the feeling of marginality these women expressed somewhat contradictory in terms of their own experiences was that most women in this cohort knew their own mothers had stopped working after becoming pregnant. Several of the older mothers had returned when their daughters – the women in this cohort – were in secondary school, but otherwise, the precedent was of a stay-at-home mother.

Laura, a 33 year old first-time mother who previously worked in a solicitor's office, perceived her lack of employment as possibly deviant from society's norms, as well as her notions as to what she should be doing with her time and energy. When telling me about her feelings of becoming a mother, she remarked, '...I'm not working, I'm not *productive at all*, but she [her daughter, Leah] is healthy and happy'. While, in her opinion, her daughter was healthy and happy – something it may be assumed most mothers want for their children – Laura also felt herself to be *doing* nothing, perhaps because Laura associated 'being productive' with the formal actions and efforts of capitalistic labour.

However, Laura's identity as a stay-at-home mother was strong enough not to be altered; she told me that she 'knew better' than to be coerced by the media's and society's pressure on women 'to do everything'. This feeling of coercion was something 29 year old Sharon referred to as well. Using a popular metaphor of recent times to explain what she felt she was expected to be, Sharon said:

I think nowadays, a perfect mother can make every home made meal and work. You're supposed to be a supermum. But I don't want to be a supermum. It's not easy and I think something will eventually have to give.

The 'supermum' metaphor has been used frequently in the last few decades, illustrating a mother's attempts to fulfil nearly impossible tasks.<sup>8</sup> The reference to a fictional hero is telling. Meeting all familial and occupational demands can require enormous feats of energy and perseverance, and may possibly endanger familial relationships. Sharon's decision not to work rested on two main premises: she considered her occupation before becoming a mother to be a job, not a career, and she worried about the strain it would cause between herself, her husband, and her five year old son. Sharon considered her time spent with both her son and her husband to be integral to the happiness of the family. While she conceded she would probably return part-time to the labour market in the years to come, she refused to be hurried into working.

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<sup>8</sup> For a discussion on how the image of the supermum/supermom reinforces the contradictions of motherhood, see Hochschild, 1989 and Hays, 1996. The construction of the term 'supermom' by the US media is discussed in Douglas and Michaels' examination of the idealisation of motherhood (2004).

For most women in this cohort, it was not so much a question of ‘if’ they would return to work, but ‘when’. One noticeable result of this was that, in both the interviews and literature, the term ‘working mother’ no longer seemed to refer to any employed mother, but to those with children of primary school age or younger. The question of when to return to work was a two-fold issue for most women. First, it was important to them how old their children were, with mothers paying attention to their developmental stage and their feeding habits. Secondly, whether the mothers were ready to leave their child played an important part in their decision of when to return to work. When to go back to work was influenced by perceptions about the loss of interaction with their baby, in addition to whether the child was old enough to ‘handle’ day-care, nursery, or being cared for by someone else.

Whether the mothers put their child into outside care at the age of three months or waited until they were one year old, the issue of timing most often resulted in feelings of guilt, for it conflicted with many of this cohort’s inclination to work and their satisfaction in doing so. The majority of employed mothers felt the demands of differing roles and performing obligations to both family and occupation caused friction in their lives. In British family patterns, the obligations and duties of caring for a young child are considered to be overwhelmingly the responsibility of the parents (see Strathern 1992b; Finch 1989). Moreover, notions of and assumptions about daily care-work regarding children, it is the mothers who perform the majority of the maintenance.

The question of when to return to work was bound up with the maintenance of the relationship between mother and child. If either one was not felt ready to be separated, the disruption to the mother-child relationship could be difficult. Complications arising from trying to reconcile the demands of both paid employment and mother-care work led to many women in this cohort using the metaphor of ‘juggling’ to describe their efforts of balancing these two areas of their life. Not only was this term widespread in my interviews, but it is also part of the current rhetoric of daily life for women. Both work and motherhood were strong identity markers,

often assuming centrality, and, when switching between the two, complexities and competition could arise. Interviewees who performed mother-care work as well as paid employment had constantly to readjust to the demands of both, leading to a kind of ‘multiple maintenance’. This led to many mothers in this cohort expressing emotions of guilt and worry over fulfilling their duties to both family and career. For example, 34 year old Liz, a hospital nurse, described to me her experiences of returning to work when her son, Sam, was 10 months old:

After returning to nursing, it was all about the juggling thing. And sometimes, I felt so guilty about leaving him, like ‘why the hell am I doing this?’ I was technically part-time, but sometimes got close to full-time hours. I wanted to work, I’d worked hard in my career and didn’t want to throw it all away, but I also felt I should be with him, and there was just this pressure to do it all.

Because Liz felt herself to have not only worked hard in her career, but to have achieved a certain status within it, she was not willing to abandon the fulfilment it gave her. However, it was this same fulfilment that led to guilty emotions: guilt that it was so important to her, that she was not willing to stop, and that staying at home would not give the same or sufficient satisfaction. Her choice then resulted in Sam’s placement in nursery three to four days a week. She understood that some of Sam’s development and progression might not be made in her company. This made Liz uneasy about putting Sam in someone else’s care.

The primacy of the mother-child relationship remained influential in the mother’s childrearing decisions, and reflected one of the main problems I heard repeated from other mothers: a loss of time and interactions with her child. A second problem that plagued some of my informants in relation to outside childcare was the loss of control over raising their child. Leaving the care of their children to someone outside the family caused some mothers to feel they had somehow shirked their responsibilities. In the case of most of my informants, their husbands or partners could not take over the childrearing tasks, placing the aspects of caring in outside hands. Grace and her husband found this to be unacceptable and problematic, resulting in Grace’s decision to stay home indefinitely: ‘my husband and I had this baby; we need to help her grow up. She’s our responsibility and we don’t like the idea of giving somebody else that job’. I understood Grace to refer to the importance

of the parents' influence on a child, not only in the daily discipline discussed in Chapter Four, but particularly in the socialising process discussed in Chapter Five.

The time needed to perform childrearing tasks left many women who returned to work concerned about maintaining efficiency and status in the work place as well as a standard of living. More than one mother in this cohort remarked that they needed to return to work in order to help with the family's finances, and that their husband's income alone would not support their standard of living. Thus, their status at work, and the possible loss of benefits and salary or wages, was perceived as a substantial issue connected to employment. Margaret, 37, had occupied a relatively high-salaried position prior to having her first baby. By the time of our interview, when her daughter was eight months old, Margaret said she understood why women chose to stay at home, but despite this, her income was the reliable source for the family:

I'm the one with a full-time, permanent job, so, I'm going to have to go back to work. I did assume I would, but now I'm not so sure ... I really won't see her for most of the four, five days I'm at work. I want to go and do a good job, but equally, I don't want to leave her.

Several women told me about their difficulties at work, after becoming a mother, of reducing the number of hours they worked feeling that being part-time was equated with having less ambition and prowess. Liz expressed her loss of confidence in her work environment as due to the reduction in her hours:

I felt I had to work really, really very hard to prove myself as a part-time nurse. I found it really difficult, like maybe I wasn't as dedicated or loyal as those who didn't have children, or those who continued to work full-time. It could be stressful, I worried about not being able to give a hundred per cent, but I found it hard to be home all the time.

Whether true or not, Liz worried that others might perceive her reduction in work hours as representative of her commitment to her career. Yet, like many women in this cohort, Liz continued with her career because her work, 'gave much needed adult chat', and it represented, 'something for myself'.

Indeed, not all the mothers in this cohort found the combination of roles difficult or

stressful; some described to me a life ideally framed between their home world and their occupations. 43 year old Rachel spent five months at home with her first born child before returning to her career two days a week. She described these months as horrible, not because she did not want her son, but because of the isolation she felt. Rachel found it difficult to adjust to being at home, mostly alone, after spending at least five out every seven days, 'working, achieving, and creating':

Going from such a high level of responsibility and status to being inside with a baby, I just hated it. It was isolating; my friends were all at work, and I was used to being financially independent, being creative, and getting good feedback.

To Rachel, the adjustment involved in looking after a small baby at home was a negative experience, and thus, returning to her career was described as 'fantastic, essential'. She could not imagine shaping her life in any other way, and told me she was a much happier mother for getting outside the house.

What made a mother happy and satisfied with her situation was quite variable, and this third cohort is distinctive for the multitude of preferences, choices, and opinions about motherhood and work that were discussed. One way that these differences were made visible was in the expressed feelings regarding the relative difficulty or ease with which career and childrearing could be combined. Standing out from the majority of other interviewees by her rather polemical view, Amanda, a 22 year old student who also worked at weekends in catering, told me she hated being 'stuck' doing the same thing all the time:

If I only played mum, I'd get cabin fever. It's easier than what people make out [motherhood and working], I think a lot of women make it difficult for themselves, to play sort of, martyr, you know'?

This last sentiment was unexpected based on the other narratives about employment and motherhood. I suggest this sentiment came from Amanda not being able to comprehend that becoming a mother would stop her from being anything else; a notion she claimed was 'quite sad, really'. However, what she did not take into consideration was that her own mother lived 15 minutes away and regularly cared for her son. Amanda's sense of incomprehension of motherhood imposing limitations

and boundaries meant that in her chosen life pattern, raising her child and continuing her education and preparation for a career were not incompatible or in competition, but two elements necessary for her fulfilment. The problem of combining motherhood and work, for many of my interviews, moved beyond financial and practical matters into an area of contested identity. In Chapter Eight I explore issues of personal and social identity in relation to motherhood.

### **The childrearing experts' views about mothers who work, 1990-2004**

Professionals in this period did not view motherhood and work as obligations that were incompatible, although there was still debate over when a mother should return to the labour market. The care of a young child continued to be viewed as the mother's responsibility by most experts, and outside child care was considered as potentially problematic. Lastly, one topic largely unaddressed in the previous periods but which emerged in the writings of professionals after 1990 was the isolation of being at home with children. Many experts focused on feelings of isolation and loneliness as a primary reason why mothers wanted to return to paid employment.

In both the previous periods, the assertion of the primacy of the mother-child attachment was in evidence to some degree in both the interviewees' narratives and the professional publications. While this assertion meant that many professionals thought mothers should not work outside the home, in contrast, experts' opinions from 1990-2004 focused more on when it was acceptable for mothers to engage in paid employment. Although Bowlby was no longer considered as the final word on the mother-child relationship, the concept of 'attachment' and 'bonding' – explored in Chapter Two – lingered on in health professionals' discussions. Thus, the focus on the parameters of timing in relation to when a mother returned to employment was often bound up with the concept of 'attachment', but in an unclear and ambiguous manner. For example, an article written by an intensive care nurse gave an example of the way 'attachment theory' had evolved throughout the decades, and its implications for mothers who needed to leave their children for periods of time.



The article gave evidence both for and against the concepts of bonding and attachment, stating first, 'There is no supporting evidence for the widely accepted theory of extremely early bonding as crucial' (Watson 1991: 10). The author then continued by supporting the idea of attachment – defined here as the pattern of interaction between mother and child – saying that, 'a secure base is provided by an attachment figure, usually the mother...' (ibid: 11). Most importantly, this article asserted that, 'Children tolerate separations more readily as they grow older; by *six or seven years of age* [my emphasis], few are distressed by a short separation *per se*' (original italics: ibid).

Thus, although this article began by belittling the idea that intensive bonding during infancy was necessary for the mother-child relationship, its conclusion emphasised that a child could handle periodic separations only at the age of 'six or seven years'. As opposed to such a mixed message regarding children's dependency on their mother's full attention, Dr Benjamin Spock's concern for children's welfare extended beyond the mother's role. Spock's recent edition of *Baby and Child Care* advocated a rethinking about family life in Western societies, telling his readers, 'I believe that both boys and girls should be raised with a deep conviction that family is, for most people, the richest and longest lasting satisfaction in life' (1992:35). He went on to state that, 'parents should work out some kind of a compromise between their jobs and the needs of their children, especially during the crucial first three years of a child's development' (ibid). For Spock, both parents had a duty to negotiate their jobs with the care of the children; quality care and attention by either parent was acceptable, so long as it was present in the early years.

In both the professionally circulated and parent-directed material, it was these issues of timing and age that emerged most prominently in relation to mothers who worked outside the home, primarily in connection with child care and support. The concern over a child's secondary carer was not only discussed in many of my informants' narratives but was addressed by the media and experts as well. In fact, one article in the popular *Practical Parenting* magazine focused on the possibly deep and loving bonds a child might develop with their carer, leaving some mothers feeling

threatened or sidelined, even entitling the article 'The Other Woman'. The article addressed several women's experiences and solutions, demonstrating the particularity of employment situations and child care. Almost unerringly, however, all of the 'issues' were resolved by the mothers making changes to their schedules that meant they spent less time at their jobs and more time at home. In the final section, headed 'Striking a Balance', the author told readers, 'One way of keeping your bond with your baby or child strong while she's very young is to do what [mother's name] did and work part-time' (Pereira 2004: 21). Working part-time was thought to be particularly beneficial if the woman had participated in the labour market before having children, but most experts failed to consider the loss of benefits and income incurred when full-time hours were cut.

Meanwhile, most childcare experts did not seem to argue over the comparative isolation of being at home with a small child. For instance, Dr Mirriam Stoppard sympathised with mothers who were used to a career in her *Baby Care Book*, where she supported the need to be independent, whether in terms of finances, social life, or space:

A woman who finds herself a mother shortly after leaving a job is unlikely to be well prepared for the demands of motherhood, not to mention the isolation of being a mother ... They [working women] want to have their own lives, their own interests, and their own source of income ... These are perfectly valid and reasonable motives for wanting to work after a child is born. However, the woman who opts to do this is putting herself into the category of people who work hardest and are the most stressed. In Western society today, the hardest working person has proven to be the working mother (1992: 13).

Stoppard described the mother who works as someone who desires independence in earnings, activities, and interactions. These were all echoed in the reflections of the women's lives, their choices and decisions. Yet while Stoppard attempted to sympathise with mothers who continue their employment, she did not address any of the accompanying difficulties or emotions, but simply categorised 'working mothers' as the most stressed.

## **Conclusion**

This chapter depicts not only the changing notions of participation in the labour market manifested by the women I interviewed, but also indicates how their decisions were influenced by the particularities of their lives and situations. Moving from the immediate post-war cohort through to the most recent, the increasing importance of paid employment was undeniable. This was most evident in a personal context, probably because over three-fourths of my informants were located within the middle income groups. With each successive cohort, more of the interviewed mothers decided to continue working while raising their children, due not only to the greater options and equality available in the workplace, but also to the acceptance of changes to the prevailing social norms and moral orders in relation to women's employment. Beyond this relatively fluid movement, the ways in which women made decisions were complicated, with various motivations, obligations, and longings.

The women's motivations were usually to further personal ends, but the 'personal' encompassed the children, the partner or husband, and her own longings and wants. Here I am emphasising the 'personal', but this is not separate from the political, as 1970s feminists argued. The content of social policy and legislation, as well as the advice of health and childcare experts, have never been unified or neutral in their claims and ordering of moralities, and this was reflected by the narratives of the women as mothers and workers. The themes of timing and order, in particular, expressed the diversity of mothers' decisions regarding work. In the immediate post-war cohort, the majority of women took quite a linear and mutually exclusive approach to organising employment and motherhood, to the degree that, for most, the act of marriage meant an end to participating in the labour market. This view of timing was supported by much of the professional literature, where the two endeavours seemed to be morally exclusive. Timing in the second cohort was marked by how old the children were in years, rather than by a general decision to leave paid employment completely. Competing moral directives for mothers resulted in many of the women in the second cohort feeling that they were somehow outside of or in opposition to the social expectations for mothers. By the last cohort, a much more nonlinear approach to building a career and motherhood existed, where time

became multi-dimensional, malleable, and minutely ordered with respect to the child's age.

Interestingly, the majority of women in each cohort found a relatively similar sense of satisfaction with motherhood, meaning the majority of interviewees had more in common with those in her cohort than anyone else. This suggests that the influence exerted by socially normative values regarding motherhood and employment in women's lives are rather marked. That the choices and actions taken by their own mothers seemed to matter little to my informants' decisions regarding paid employment can also be seen to support this. But this chapter demonstrates that, although women within each cohort often arrived at similar decisions in relation to their position within or without the labour market, how such decisions were perceived and arrived at was quite particular. We often look at the political aspect of women's relationships to the labour market, and let the personal facets recede. Here, as in much of this thesis, the ways in which personal experiences, interpretations, and familial relationships shaped women's stories of motherhood is relevant to understanding the wider political and social processes affecting motherhood in the last six decades of Scottish and British life.





## Chapter 8.

### Meaning and Relatedness in Becoming a Mother

In this chapter I first explore ideas of transformation and change within the interviewees' lifestyle and the sense of self that arose in the women's narratives in relation to becoming a mother. Motherhood as an experience that affected a change in identity and self perception was a common theme in the narratives. The women expressed what the experience of motherhood meant to them in a multitude of ways, yet there were some striking similarities in the descriptions of its impact on their lives. Secondly, I show the way such changes were understood to affect the women's relationships outside the family, for this reflected upon their newly-formed or continuing boundaries of the self. Themes of searching out other people with an understanding of the changes inherent in parenthood emerged frequently in the narratives, and the ways in which unfamiliar mothers could be seen as 'related' or perceived as socially similar elicited of kinship.

This chapter uses several studies relating to identity, social transactions, and kinship in order to analyse the women's narratives. Charles Taylor's (1989) study examines the rise and development of the multifaceted notion of the 'self', as well as how identity relates to the way individuals live. Most relevant to my discussion here is his treatment of ideas of morality, extending beyond definitions of what is 'right' to do and the content of obligations towards defining the nature of what he terms as the 'good life'. In my discussion on the relatedness some interviewees' felt between themselves and other mothers, I borrow the term 'community of fate' from Erving Goffman's (1971 [1956]) study of the performative aspects of social interactions. Finally, Edwards and Strathern's (2000) study of English idioms of belonging and possession will be brought into play to tease out some of the possible emotions and implications of connections between mothers. While the notions of camaraderie that were articulated included

expressions about other mothers ‘knowing what you’ve been through’, there were other interviewees who denied the existence of any sense of belonging or ‘common ground’.

In the previous chapters I have divided the discussions of the women’s experiences and attitudes into cohorts based on the years in which the women gave birth. I similarly begin this chapter with a brief section that relies on the cohort divisions to consider briefly some of the overarching views and attitudes of the women towards motherhood. This section draws connections to the demographics and fertility patterns discussed in Chapter One in order to contextualise further the women’s remarks. In the second and much larger section of this chapter, I deal with the themes one at a time in a discussion that cuts across the cohorts. I focus on a purely thematic approach across the whole period in order to highlight convergences and commonalities. A further departure from the structure previously used in this thesis is that this chapter focuses completely on the voices of my interviewees rather than on the professionally published material.

## **I. Approaches to motherhood throughout the cohorts**

Slight differences between cohorts emerged in my examination of the narratives relating to the ways in which the women thought about the beginnings of motherhood and how they thought motherhood was conceptualised by ‘others’ or by society in general. Several interviewees in the immediate post-war cohort and the older women in the 1960s and 70s cohort thought the attitudes and approaches towards motherhood had changed since ‘their day’. For example, both 76 year old Jean and Judith, 84, told me that unlike today – the early twenty-first century – women used to be satisfied with just being a mother. When Jean remarked that, ‘nowadays, women don’t like losing their freedom’, she was pointing out what she considered to be the differences in approach to motherhood.

They went on to tell me, as did 64 year old Ellen, that people used to take motherhood more seriously. In their narratives, it was the respect given to motherhood, both by



mothers and society in general, that had changed, but in contradictory ways. Ellen, a retired teacher, first explained that ‘having a baby 30-odd years ago was not the size it is today; you were pregnant, not ill’, a comment I take to refer to the prevalence of discourses surrounding pregnancy, motherhood, parenthood, and childrearing in more recent years. However, Ellen went on to say that her generation ‘assumed if you were married, you had children’. This kind of remark was not surprising given that Ellen’s children were born in 1969 and 1972 – early on in her marriage – and in 1971 the proportion of Scottish women married between the ages 20-24 was the highest ever recorded (Anderson 1996: 383). Additionally, on average women were only waiting 20 months after marriage before starting their families (ibid: 387). This may explain why today’s tendency for many women to marry later and delay childbearing seemed to Ellen to indicate a lack of importance placed on the family. As she remarked, ‘I think people thought raising children was more worthwhile then than today. People took it more seriously’. In Ellen’s view, too much attention was placed on being pregnant today; it has ‘become an art’ without an accompanying respect for motherhood and for raising children in general.

It was 74 year old Allison who drew out this contrast most explicitly. In her opinion, one of the big differences between motherhood then and now was that, unlike today, she had just accepted having children. ‘Nowadays, it’s all planned, which in a superstitious kind of way, is a bit frightening’. Allison considered the present-day concept of having children and becoming parents as something couples might ‘fit between moving house and buying furniture’, as dangerous. In her view of parenthood, there was only so much determinacy involved, because, as she told me, one cannot plan everything out, particularly something that was an assumed and integral part of life. For Allison, and others in her cohort, bearing children was not an event to be organised, but seemed to be inextricably linked to adulthood, marriage, and womanhood. Donna’s comment linking motherhood and femininity discussed later in the chapter underlines this view. An embarrassed chuckle accompanied Allison’s voicing of her ‘superstitious’ attitude, conveying that she realised that this was not necessarily a widespread opinion of today.

Considering only the birth and fertility rates of the most recent period, having children could be perceived as less inextricably linked with marriage and womanhood than in previous decades. With no mother having more than two children, the interviewees in the 1990s and 2000s had fewer children than the other two previous cohorts, and half of these women did not begin their family until they were thirty or older.<sup>1</sup> This reflects the wider Scottish fertility trends, in which the fertility rate fell from 3.09 in 1964 to just 1.62 in 2005 (CRFR 2007: 1). However, many of my interviewees from all three cohorts seemed to associate having children with long-standing relationships of either marriage or cohabitation. The difference was located in how the assumption of children was approached.

Many women in the third cohort spoke of planning their children, particularly around their careers, reflecting the changing approaches to motherhood that Allison remarked upon. The trend for smaller family sizes and the increased control of their fertility available to the younger women made such planning more feasible. 74 year old Allison's insistence that with or without planning, children would just 'come along' seemed to be connected to the view that children were 'natural', making reproduction beyond human control and decision making-processes. The younger women were not so hesitant to plan their pregnancies, as when 33 year old Sally remarked that she had been 'delighted' when she found out she was pregnant because she and her husband had 'recently decided it was the right time, so we'd just started trying'. Women becoming mothers in the late twentieth and early twenty-first centuries expressed the importance of having children and it was often a life-event taken for granted, but it also became a goal that was related to timing, particularly in relation to employment. Allison understood that most couples have fewer children now than when her children were born, between 1948 and 1960, and this increased the focus and importance of each child born to a

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<sup>1</sup> It is impossible to state definitively the number of children women in the last cohort will have, as most have not reached the end of their childbearing years. However, almost one-third of the women in the most recent cohort stated either that they considered their family to be complete, or that they doubted whether they would have another child.

couple. Yet, Judith, Jean, and Ellen all felt that motherhood had become more visible, talked about, and scrutinised without an accompanying increase in the respect given to women who became mothers.

The directness and language used by the women also pointed out subtle differences between the cohorts. Women having children in the 1960s and 70s and in the most recent period spoke more specifically about changing identities and lifestyles. Indeed, none of the women in the immediate post-war cohort used the word ‘identity’ in their narrative, quite possibly because psychology’s terminology had not yet become part of popular discourse. It was the younger women who most explicitly expressed anxieties about how becoming a mother would and did change their lives, their identities, and who were expansive in their description of their remembered emotions and sentiments. Perhaps here ‘time’ became the main factor: not only did the period when the women had their children influence their conceptions – for without the pervasive language of popular psychology, it is unlikely that many women would fully express ideas about ‘identity’ and the ‘self’ – but also influenced their expectations, due largely to the changing status of women since the immediate post-war years.

## **II. Locating transformations: the quotidian and the self**

‘Identity’ can be used to refer to either ‘distinctiveness’ or ‘sameness’. This oversimplification is my starting point when looking at transformations of life after motherhood. The employment of the term ‘identity’ or words indicating self perception, such as ‘myself’, ‘me’, and ‘you’ – in the expanding, multivocal context<sup>2</sup> – by the women in their narratives brought both of these meanings into play, where the women expressed a range of emotions and experiences within the matrix formed by these

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<sup>2</sup> The term ‘multivocal’ was coined by Kirkpatrick (1987) to define the narrative phenomenon of speaking about oneself in a more distanced manner, most commonly with the referent ‘you’, which also allows the speaker to extend their own experiences and emotions to similar ‘others’ (Lutz 1990: 74). In my research, the most common extension as used by my informants was statements about emotions and feelings that were ambivalent or possibly negative, such as ‘you feel rather isolated’.

aspects of identity. Although life changes and the movement into different phases of one's life cycle commonly require adjustments to identity, the somewhat contradictory nature of entering motherhood made it problematic for some women. The status of being a mother is often stereotyped and collectivised (for instance, when juxtaposed to childless mothers, fathers, and marketplace workers) and while the interviewees wanted to identify with motherhood to some degree, they did not want to abandon or relinquish identities they had possessed before having children. Thus, many of the interviewees sought to create a sense of continuity between their self-perceptions before and after entering motherhood. Interviewees spoke of 'tweaking' or refining their identities and their personalities. Changes in identity perceived by the women were not only expressed in the stories about priorities, fulfilment, and 'changes in you', but also in their lifestyles.

The daily routines relating to space, time, and activity transformed the women's daily experiences of themselves and their sense of familiarity, and women's reactions to these changes sometimes revealed great ambivalences. Jacobson-Widding points out that:

'...it appears to be necessary for the creation of a feeling of inner identity that one has a sense of 'fit' between the social mini-structures of one's past and the present interactional networks, on the one hand, and the cultural values available for the interpretation of these structures, on the other' (1983: 14).

The connection between identity and the transformations rendered upon those I interviewed as they became mothers was something touched upon by many of the women, and I will return to the relevance of the past aligning with the present, and the articulation of (un)acceptable emotions.

### **'...there went my lifestyle!'**

Becoming a mother involved women altering their daily lives, their routines and tasks, and how such tasks were carried out. Issues of freedom, confinement and isolation were raised within the women's narratives of life after becoming a mother. As the majority of

the women worked before having children, either part-time or full-time, the women's social space in which they spent the majority of their time experienced a sudden relocation. Even for mothers who had not worked prior to bearing children, primarily the majority of the immediate post-war cohort, the changes to daily life were distinct. While some women remarked that this focusing of one's body within the home was a welcome break from their 'drudgery at the office', for others, it was experienced as an abrupt jolt. Often, a 'culture shock' was experienced in relation to space and time, particularly with a first child but with subsequent children as well. Rachel, a 42 year old creative projects director, told me, that while her children were very much wanted, 'the level of isolation and loneliness, suddenly having your life centred within those four walls, was completely unexpected and shocking'. Rachel went on to explain that, for herself, a self-described 'creative-rush junkie', the shock came not only from being cut off from her co-workers and friends who did not have children, but also from the abrupt transformation of her daily surroundings, her 'four walls'. The familiar shape and contours of her daily experience had shifted enormously. While this level of 'shock' was not expressed by all of the women I interviewed, the changes in social and temporal space came through in offhand comments, such as the remark made by 33 year old Sally that, in contrast to her previous schedule, having children meant that, 'suddenly, lunch takes an hour or more!'

Besides the different setting for the day to play itself out, it was this perceptible change in the amount of time needed to get through 'normal', everyday chores that the mothers would wryly chuckle about, often with more than a hint of exasperation. Errands that were required for running a household and family, such as shopping for food or clothes, suddenly included the simultaneous caring for children. Activities previously labelled as 'errands' or considered to be quick divergences could potentially become more tedious, time consuming, and require more mental and emotional energy with children in tow. If a woman was spending her day mostly at home away from paid employment, these 'errands' could possibly become her prime social space for interacting with other adults. This changed the subjective experience of even menial or 'boring' activities. The multi-

tasking could be so pervasive that occurrences previously considered either relaxed or pleasant – for example, chatting with a neighbour, gardening, or tidying up – might take on extra stress from interruptions. Bonnie, a retired teacher in her mid fifties, explained that, ‘this little thing came along and completely overtook us [her and her husband] in every way’. I understood her to refer not only to a highjacking of emotion, which is addressed below, but also to the taking over of everyday routines.

How these changes in the temporal and spatial performance of tasks affected women’s lives was frequently highlighted by the comparatively lesser impact on the lives of their spouse or partner. Quite a few women voiced the opinion – often accompanied by annoyance – that their husband or partner’s daily structure, their routine and surroundings, possessed a greater continuity than their own. Because the marked disruption experienced by the mothers was not always felt to be shared by the fathers, they sometimes felt unable to express their feelings to their spouse or partner about the impact the change had on their lives. As 23 year old Grace quipped, her husband just knew there was ‘an extra smile to greet him at the door’. This is not to suggest that the fathers did not participate in the care of their children, but that their awareness of the transformations in lifestyle was often *felt* to be less by the mothers.

As compared to the women’s adjustment or curtailment of some of their identity markers, such as work or projects, in order to care for the child, the fathers were sometimes regarded as having to make a lesser commitment to the new lifestyle. That many of the fathers did not fully understand what was required for the day-to-day caring for the children was also frequently suggested. As discussed in Chapter Two, some mothers attributed their ‘better understanding’ of what the children needed and wanted to the greater amount of time they spent with them. In relaying to me the differences between her and her husband’s lifestyles since having their first child, Liz, a 34 year old nurse, described how one day after an argument, she left her husband to take their eight month old son to his parent’s house on his own, ‘And that was the first time he’d had to

do it all on his own ... he realised every time you leave the house with a child, it's a mini-adventure!'

This combination of caring tasks and the perception of the father's pattern of living as relatively unchanged – as it may have taken eight months before the father faced the challenge of a solo outing with the baby – led paradoxically to many women experiencing loneliness. The daily habits of babies and small children, such as feeding, sleeping and bathing, constrained mothers' lives considerably. Whether scheduled or reliant upon the baby's cues and demands, they caused many mothers to stay at home more often than not in the early days. For instance, 29 year old Sharon said she did not leave the house for more than half an hour for the first six months as she was breastfeeding on demand and worried about when her son would want his next feed. As it took her a period of adjustment to feel comfortable about public breastfeeding, she became tied to her home.

Several women, including 34 year old developer, Sarah, described how the shock and changes, combined with the seeming lack of disruption to the father's daily life, created a discrepancy that contributed to feelings of isolation or loneliness:

It was the being out, and then, suddenly trapped, I sort of felt, like no one else was in that situation ... I remember that was the isolating bit – even when John [her husband] was there, right there on the couch even, you just felt, a bit lonely and all.

Sarah went on to tell me how this sense of loneliness gradually righted itself in time. Initially, however, even her husband did not qualify as someone else in the same situation, because the spatial reorganisation of her day so vividly contrasted with John's. Her use of the word 'you' shifted the action and memory from a direct association with herself to a more dispersed, 'multivocal sign' that expanded the spoken-about subject from herself to mothers in the plural. Perhaps because Sarah wondered at the propriety of feeling lonely at the birth of a new child, particularly when her husband was

physically present, she felt the need to shift the focus into a more all-encompassing tone, instructing the inexperienced – myself – that such things were possible.<sup>3</sup>

In the above excerpt from Liz, the somewhat double-edged point that life became ‘adventurous’ with a child also illustrated the positive associations of having children. In fact, most of the women expressed feelings both ‘negative’ in connotation and optimistic emotions. Ambivalence was shot through the narratives of motherhood, such as Sarah’s recounting of her loneliness and isolation which was then followed by her telling me that the period of having a new baby, ‘was a special, cosy time’. That becoming a mother could instigate such anxiety and wonder together was not something most interviewees pointed out directly. Ambivalence was prevalent throughout the narratives, but particularly in relation to the changes in priorities and responsibilities, and the resulting impact these alterations had on the women’s identity and sense of self and purpose.

#### **‘they come before you; they come first’**

According to the majority of interviewees’ narratives, the arrival of children caused a shift in the women’s conceptualisations of their lives and places within it. Nearly every interviewee spoke about ‘putting the child before yourself’, that ‘the baby came first’. The language of priorities conjured images of ranking, of an ordering of the persons involved in a woman’s life, including herself. It was at different points during the interview that such ideas about the modification of priorities surfaced. Some women talked about this when I asked how they thought of the concept of a maternal instinct, and others raised the subject when I asked how becoming a mother had affected them. As Harriet, 75, explained in response to my query about maternal instinct, ‘you put the baby before everyone else, the children came first, and that was it’. The imagery of placing the child first, as in at the head of a queue, was pervasive throughout the stories,

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<sup>3</sup> In Shaw’s account of Pakistani families in Britain she notes that, in regard to such emotions as loneliness or the most more serious post-natal depression, it is almost inconceivable that ‘producing a baby could bring sadness ... since the birth of a child is a cause for happiness’ (2000: 216).



linked to ideas of sacrifice and responsibility. One woman explained this as her own needs and desires 'taking a back seat'. There was a sense of agency and action contained within such statements of 'putting' a child first or the other aspects of life 'taking a back seat'. This is likely to have resulted from how close to a personal sense of self such re-ordering of priorities was located. My sense was that these women meant they would care for the child even to their own detriment, through a very purposeful choice.

The theme of 'sacrifice', previously discussed in relation to 'maternal instinct', arose again in the context of priorities. It was linked with references to 'growing-up', 'maturing', and 'becoming more responsible'. As Donna, a 74 year old housewife, viewed it, becoming a mother gave her a 'sense of freedom' in order to reassess her priorities. That we all need to grow up at some point, to become more responsible, came across as an inevitable process, and for many of the women it was becoming a mother that facilitated this process of maturation. Indeed, several other interviewees credited positive changes in their personalities to their becoming a mother. Mairi, in her mid 60s, told me:

I think there was definitely a big change in you [after becoming a mother]. Especially with me, I was brought up like an only child, and I was actually quite selfish. I became less selfish because the first thing you've got to think about is this baby.

Attributing a personality change to motherhood seemed to depict progress in a process of self improvement. In a moral framework of the identity, being focused only on the needs, desires, and interests of ourselves is not deemed worthwhile: the self-ish must become the self-less. Laura, 33, spoke of being less 'lazy', less apt to delay her errands and tasks, because her daughter 'would be bored in the house all day'. 'Growing up' as a metaphor of progression along a continuum of improvement was linked with motherhood in many of my informants' narratives.

However, 'responsibility' was nuanced with contradiction. While the phrases about maturing were autobiographical statements used to demonstrate an improvement upon the women's personalities, there were numerous comments to suggest a stasis regarding responsibility too. 'Responsibilities were flung in my face' was how Dorothy, 33, described her transformation into a 'mature' person. Possibly the surprise of how much attention, time, and energy went into being a mother accounted for the notion that the responsibility was 'flung', as if out of nowhere. Echoing this notion, many women explained that the constant demands of such a dependent being meant that every decision had to be made thoughtfully.

For the vast majority of women interviewed, the responsibility of decision-making was shared with their husband or partner, but for a handful of single mothers, this responsibility was even more pronounced. Although only two women were long-term single mothers and one other interviewee temporarily became a single mother soon after the birth of her last child, their descriptions of priorities, constraints, and freedoms were vivid. Financial strains caused these mothers either to reassess their priorities, or struggle harder in order to hold on to the desired ordering of their life. Ellen, 63, spoke of having to 'fight' with her health visitor, who kept suggesting and then pushing her to put both of her children in nursery in order for her to return to work full-time. Ellen welcomed the transformation of being a mother, of staying at home, and placed her time with her children as a higher priority than returning to work full-time. This made her life financially constrained but prioritised in a way that was personally satisfactory.

Emily, 46, spoke of financial constraints and responsibilities but also indicated a sense of freedom that accompanied her status as a lone mother. Emily went through her pregnancy half fearing her status as a single mother, and found herself sometimes 'envying' her sisters' stable partnerships and financial situations. She recollected how, in her search for employment, she resorted to lying about having a child in order to secure the position she wanted. Although Emily proudly identified herself as a mother, the responsibility of financial security meant suppressing this aspect of herself. Emily

occasionally found it ‘doubly tough’ to reconcile her carefree nature prior to becoming a mother with her ‘serious, determined’ demeanour afterwards. Although she possessed a kind of freedom by not ‘having to try pleasing a man while raising a child’, she also experienced constraints to time and space, as by the time her daughter was ten months old there was no one else under the same roof to relieve her responsibility.

Responsibility as stasis, a cessation of possibilities, was something several women remarked upon in relation to their identities. That their life was no longer theirs was a recurring statement, and was attributed to the obligations of parenthood. The fear of losing one’s identity was not uncommon, and Sarah, 34, attributed her mild post-natal depression to, ‘no longer being sure of who I was’. The uncertainty of unfamiliarity, in which a woman may have struggled to find continuity between the past self and the present, could cause anxiety over her identity. However, other women felt they possessed a more settled, determined sense of self, or a new purpose upon becoming a mother.

### **‘like a real person...?’**

A most noticeable divide among my interviewees was in their conceptualisation of the significance of motherhood on their lives. The importance of motherhood was connected both to the women’s expectations of motherhood before becoming a mother, and the actualities of how being a mother fitted into their lives after having children. There were divisions amongst the women’s opinions and experiences about the significance and magnitude of motherhood on their lives. However, there was usually an element of continuity within each individual’s story, barring a very few stories in which a woman’s pre-motherhood expectations were significantly altered. For example, the women who told me they had not consciously thought about motherhood or becoming a mother before ‘falling pregnant’ – a phrase that implies an unexpected, unplanned accident – very often were also the women who told me they were still the same people as before motherhood. They told me that they did not feel as though they

had gained 'a new purpose' in life. Conversely, it was often the women who described themselves as 'desperate to be a mum' who went on to tell me that motherhood 'had made more sense of their existence'.

However, even this version of the divide was not constant. When asked what their ideas regarding motherhood were before becoming a mother, some women responded that they had simply made an assumption of having children and did not refer to any specific plans with their partner or spouse. Women from different cohorts made this assumption about motherhood: 76 year old Jean and 33 year old Elspeth both explicitly told me they had 'just assumed I'd be a mother'. Many women's articulations of their expectations of motherhood vaguely described it as 'something you didn't do half-heartedly', or that they thought, 'it would just be great to be a mum'. The activity a woman was involved in prior to becoming a mother, whether she was working in a professional career, or part-time in wage labour or not at all, did not seem to have a direct correlation with either how 'desperately' she wanted to become a mother or the importance it played in her identity.

Charles Taylor's tracing of the modern 'self' (1989) helps analyse why some women felt motherhood 'completed' them or, as 76 year old Donna told me, made her 'a real woman' while others immediately balked at the idea that something was missing from them or their identity before motherhood. Taylor argues that morality can be widened in its scope beyond the 'right' and 'wrong', to what gives lives meaning, and what can be described as a 'strong evaluation' of a good (ibid: 26). While all of the women evaluated motherhood as a positive relationship to have with another person, how they incorporated being a mother into their identity seemed to rest more upon their evaluative framework. On his conceptualisation of identity, Taylor states, 'it is orientation to this [the highest good as deemed by an individual] which comes closest to defining my identity' (ibid: 63). Thus, in this view, how an individual orients her life tells us something about her self perception and life view. Explaining to me how becoming a mother at a rather later age than most of her peers affected her, Donna said:

...I think having a child felt like being a real person, and being, 'so this is what life is for'. Oh yes, it was highly important, a self-worth kind of experience. I felt like more of a woman, because having reached that age without a child, I didn't particularly consider myself feminine. But suddenly, I felt myself to be a woman, and it was marvellous!

To Donna, motherhood raised her person into full femininity, into a 'real person'. That there is a connection between women's bodily functions, the biological 'factuality' of bearing children, and the meanings attributed to the social constructions of women has been noted most eloquently by Martin (1987).<sup>4</sup>

While perhaps part of the reason for feeling completed as a person stems from the idea of maturity and responsibility, it would seem that the sense of completion was also bound up with an internalisation of these social constructions, which in turn was linked to the women's personal concept of a meaningful life. Tina Miller's (2005) examination of first-time British mothers' narratives, points out, '... meeting needs is a gendered, conventional expectation ... which is embedded in particular cultural constructions of needs and responsibilities and associated gendered practices' (ibid: 144). The gendering of care work and the placement of women as moral gatekeepers of the family, with expectations of a woman altruistically to put her children's and family's needs above her own, has been explored in both historical and feminist studies (see, for example, Davidoff 1999 and Hays 1996). If a progression from the selfish to the selfless is expected in adults, as part of growing-up, it is doubly so for women. Thus, having children can be seen as an articulation of this 'meaningful life' – physical, emotional and temporal in its importance.

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<sup>4</sup> For instance, Martin points out that 'women are consistently denied equal treatment with men. This may be related to our notion that intrinsically women are closely involved with the family where so many 'natural,' 'bodily' functions occur...It is no accident that 'natural' facts about women, in the form of claims about biology, are often used to justify social stratification based on gender' (1987: 17). See also Ginsberg and Rapp (1991) and Peake, Manderson and Potts (1999) for further examples of the social constructions of women by means of their biology.

Family life, often claimed to be crumbling or dissipating in some current Western discourses, was very much a definitive ‘goal’ for the women I interviewed.<sup>5</sup> I propose it was the surrounding framework of meaning in the interviewees’ lives which created part of the division between the women who placed motherhood as the crucial element in their sense of self and those women who viewed it as a strong but not overriding component of their identity. Amanda, a 22 year old student, laughed at my question about whether becoming a mother created a new sense of self. Her response of, ‘how can you not be complete?’ [before becoming a mother] was followed by her adamant assertion that she still lived life the way she wanted, and was focusing on finishing her education in order to enter public relations. In the context of her life, being a mother did not alter her ambitions or her aspirations, but meant the path towards those goals was changed from before having her son. For the women who rejected the notion of motherhood as a defining, completing, or purpose-giving experience, it would seem they already possessed a conceptualised framework in which they were placed in relation to their careers, their creativity, and sense of self. To assert one identity and its associations inherently involves the denial of other characteristics (Cohen 1994: 120). Perhaps those like Amanda who were less than eager to assert their status of ‘mother’ as the prominent, all-encompassing characteristic of their identities were also quite hesitant to deny other aspects.

For the women who were just as adamant about motherhood being the central, defining characteristic of their identities, being a mother did not just participate in the moral framework of their lives; it became the trumping ‘good’. If a woman did find herself unstably situated within a pre-existing set of meanings in her life, then motherhood had a greater propensity to become *the* defining characteristic of her sense of self. By using

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<sup>5</sup> Both Drake (1994) and Wasoff and Dey (2000) comment on the construction of ‘family values’ as declining as an important foundation for both British and American political debates and platforms, thus pointing towards the large role such concerns play in public discourse. Changing forms of the family away from the ‘traditional’ model have provoked some to depict the erosion of family values, whereas others ascribe the changes to individuals placing more importance on personal satisfaction and values (Wasoff and Dey 2000: 11-12).

phrases such as ‘complete’, ‘fulfil’, and ‘purpose’, the contrasting picture of a possible sense of existence before becoming a mother becomes incomplete, empty, and aimless.

As a polemical example, Eileen’s story illustrates the transformation of her sense of self after becoming a mother. Eileen was 31 when I interviewed her, and had two daughters, aged two and four. She attended and completed university, obtaining a degree in accountancy, and had taken a position as an accountant in her community.

Approximately a year before ‘falling pregnant’ with her first daughter, she had to give up working due to ill health. In her depiction of the significance of motherhood, being a mother provided her with a clarification and explanation of her life:

The biggest change is that your life’s not totally your own, you’ve got to put this little person’s needs first ... and, that was actually totally welcomed for me, it gave me a very specific role that had been lacking up to then ... it helped define me, and gave me a focus in my week. It fills my week, and I’m quite happy to be that way.

That her life, her weeks, became oriented towards a very specific role – caring for her children – was what structured her self within daily life. Taylor asserts that a sense of dignity has become deeply interwoven into a modern notion of the ordinary life of family and labour, reproduction and production (1989:16). Thus, through orienting her life’s routines to caring for her children, a sense of dignity was perhaps gained or increased. A lack of a specific role prior to having children, caused by her ill health, magnified Eileen’s transformation more than most, but her sentiments struck a resonance with other narratives as well.

Indeed, Charlotte, Eileen’s mother, had remembered feeling desperate to be a mother, claiming that, despite her love of teaching, motherhood gave her a purpose in life – ‘for me, that was what motherhood was all about’. Charlotte, however, was one of the only women to ascribe her attitude directly to her upbringing. I discussed the transmission of childrearing methods and values in Chapter Five, but here Charlotte went even further: she attributed the source in her framework of meaning to her grandmother, by whom she

was raised, 'Her attitude in life was that other people came first, your purpose in life was to live for your children and grandchildren'. Perhaps due to the shape of my interviews, or because of my interpretations of the narratives, this is one of the few explicit connections I can make between a mother and daughter regarding the transformations of lifestyle and identity after entering motherhood. I suggest that it is perhaps an individual's personality, accumulation of experiences, interactions and predilections that give shape to their framework of meaning just as much as upbringing. Even when similar values were held between the mother and daughter – such as the extended case illustrated in Chapter Six with Catherine and Laura – whether or not they felt motherhood to 'complete' them or give new purpose did not follow any distinguishable pattern. Catherine waved such a suggestion away while not denying the strength of the mother-child bond, while Laura very explicitly agreed that becoming a mother made her life have purpose.

#### **'your life is not your own'**

In the above excerpt from Eileen's interview, she said her life was no longer totally her own. By using the 'you' referent, she was actually instructing me as to what to expect, as well as generalising her experience to include other mothers as well. This notion was, in fact, something regularly brought up in the discussions about identity and changes, but the context in which it was described was dependent on the perceived significance of motherhood. Whether this 'overtaking' of one's identity and life was resented or viewed as a kind of symbiosis of mutual need, varied greatly. One remarkable aspect to emerge from the narratives on motherhood was the impact in terms of responsibility and autonomy compared to that experienced from a serious relationship or marriage. This can be further contextualised by the example of Gillian, aged 46 and mother of three. She marked the difference between getting married and becoming a mother in the context of decision-making and emotional effort:



... up until then [having children], you are very much just yourself, even if you're in a relationship or married ... by the time the first was five or six months old, I thought to myself, 'you'll never be worry-free again'. It was almost a selfish thing, you know, about letting other people into your life with whom you feel such strong emotions.

I interpret her remarks as demonstrating the difference between choices mutually arrived at, formed by two independent people in a relationship, and the responsibility of choosing *for* a dependent person. The necessity of constantly making such choices for someone else – those pertaining to important, possibly life-changing events as well as the mundane, everyday issues like what to eat for breakfast – creates a feeling of being overtaken, or, perhaps, a kind of concession of one's individual wants and actions. Although compromise is common to most relationships, in one where the gap between age and ability is so vast – such as in the parent-child relationship – an added weight of ethics and accountability can compound the stress of that compromise. This 'heightening' of responsibility may thoroughly 'overtake' a parent's life due to the strong emotions such as anxiety that surround the daily life of mothering and the assurance of a child's well-being.

The degree of emotional effort mentioned by Gillian was not always considered as a responsibility or obligation. That the mother-child relationship was supremely special in its strength and endurance was commonly expressed. It was in this way that metaphors of constancy and symbiosis arose. In such imagery, the child, and the relationship with the child, were often depicted as something added, or layered upon, a woman's identity. 23 year old Grace explained her experience of post-motherhood identity as remaining constant, where she was still the same person, 'nothing was pushed out, but it's like there's just extra'. When I asked her to further describe what she meant by 'extra', she told me that the first few times she went out to the local shops without her daughter, it was strange, 'like, "hmm, there's something missing here"'. Other stories of being excited to go out with the father or friends for the first time without the child, only to be completely distracted and distraught by the separation came from various women. The dependency did not run only in one direction. However, not all of the mothers felt such

difficulty when away from their child. Again, this seemed to be connected to their social framework and positioning of priorities, to whether or not motherhood became the ‘trumping good’, and how becoming a mother was incorporated into their life along with other priorities and interests.

### **III. Locating relatedness: a kind of kinship?**

Going through the process of becoming a mother produced, for many women, a loosely-defined community based around co-experience and an acquisition of new knowledge. For many interviewees, forging new friendships initiated by the fact of being a parent was felt to be either appealing or necessary. Sometimes, they admitted, old friends, the ones without any children, fell by the wayside. It was not, many insisted, that they had suddenly stopped enjoying these people’s company, or that their identity or personality had changed so as to make them no longer compatible. It was just that, other parents, and particularly other mothers, ‘understood where you were coming from’. Allowances would be made for the conversation to revolve around children and their foibles, and the shifting composition of their surrounding space and time were more likely to be comprehended.

This tacit knowledge between mothers did not attempt to reduce motherhood to a universal or singular experience, but instead recognised the shared newness of certain dimensions: the tedious, the difficult, and the emotional. It was through an unspecified knowledge, I argue, that a ‘*community of fate*’ between mothers was felt to exist. Erving Goffman’s use of the term ‘community of fate’ was in relation to interactions between colleagues who could be said to ‘present the same routine to a similar kind of audience but who do not participate together ... at the same time and place ...’ (1971 [1956]: 102). Many of the mothers I interviewed were not referring to ‘common ground’ with other mothers based on oppression or suppression, but more along the lines of a social identity based on experience. Thus, the excerpt by Simone de Beauvoir that Goffman

used as illustration of his 'community of fate' can, I argue, be appropriately applied to some of the women's descriptions of relations and understandings between mothers:

...And while what they [female friendships] look for first of all among themselves is the affirmation of the universe they have in common ... they are in league to create a kind of counter-universe, the values of which will outweigh masculine values ... Collectively ... they compare experiences; pregnancies, births, their own and their children's illnesses, and household cares become essential events of the human story ... (de Beauvoir (1956) cited in Goffman 1971: 73).

I see parallels with some women who are mothers but not necessarily friends. I do not use this excerpt to suggest such a strong division between masculine and feminine values, but the overall sentiments ring true as to how some interviewees described the connections between mothers.

Issues of empathy and common ground – both seemingly based on common sense knowledge and experience – underlined the narratives discussing associations between mothers. Women were divided as to the validity of this common ground, or more specifically, as to what constituted a common ground in order to form a sense of relatedness or connection. Additionally, it was characteristic of those women that claimed to feel no special connection or understanding with other women based solely on the fact of both being a mother that they had not participated in some form of a post-natal group. Whether the post-natal groups were through the National Childbirth Trust, a follow-up of an ante-natal group, an organisation based on socialising the children, or an informal association of women from the same neighbourhood or between friends, appeared to be irrelevant; the women who completely rejected a grouping based on motherhood also rejected notions of a connection between unacquainted mothers. Yet, the majority of interviewees conceded there was some degree of camaraderie involved when encountering other mothers.

For several of the women, a post-natal group provided an opportunity to meet other mothers, particularly if they were one of the first in their peer group to have a child. It

was in the discussions about their social lives after becoming a mother that they would tell me how they had sought out other mothers with whom to spend time, or other couples who were all the parents who could get together. Effie, 63, felt reassured as a parent and mother when she was spending time with other parents. To her, they provided a 'good network of back-up', referring to both the physical task of watching the children but also to the sharing of tips and practices. The common ground laid the beginnings of long-lasting friendships in Effie's case, and the possibility existed for other women too. Grace, whose first child was born in early 2004, felt that because she was the first in her peer group to become a mother, she needed to extend herself socially, 'I'm the first, so, I've kind of made a new group of friends with children'. While I cannot predict whether these new relationships will be long-lasting like Catherine's, they provided needed interaction at the time of the interview. These outlets for the sharing of information and ideas found resonance with de Beauvoir's 'affirmation of a common universe', as they offered a space where the mothers were, as Grace expressed it, 'free to talk babies and children'. This shared universe included not only the tasks of caring, but changes to their daily routines and lifestyle. Clearly, to be with others whose lives may have changed similarly could provide comfort.

Women not only talked about feeling connected to other mothers they met through groups or associations, but also mentioned chance meetings. It was widely felt that when coming into contact with another mother who was unfamiliar, in a restaurant or on the pavement, a slight smile or a nod was expected. Several times, it was mentioned that by simply looking at another mother the interviewee could discern what kind of day the unfamiliar mother might have had. Expressions of empathy – 'common ground', 'the same boat', 'know where you're coming from', or 'understanding' – were frequently used when explaining this expectation of acknowledgement or the kind of tacit knowledge implied in the surmising of another's mood and attitude. This way of knowing resonates with Bourdieu's idea of 'habitus', which includes a need for agents within a social position to possess a code for understanding each other's social meaning (1989: 17). The reference to a nod, a smile, indicated some of this code.

The feeling of ‘common ground’ and ‘knowing what you’ve been through’ might have been desirable because of women’s urges to discuss and analyse their mothering – the actions, the expectations, the frustrations and the hopes – while simultaneously holding onto or re-asserting other facets of their identity. Other mothers were sometimes thought of as less judgemental. The attraction of being able ‘to talk children’ without fear of being deemed ‘boring’ or ‘obsessive’ seemed to be that other mothers’ company could be considered safe ground for a collective knowledge. The company of other mothers was felt to be a social space in which a woman could explore and compare her experiences without feeling she would be reduced to those exact experiences. It is for this reason I propose this intersubjectivity as a ‘community of fate’. Whatever the ambivalences, emotions, or sentiments, whether they were felt to be appropriate or not, some interviewees felt that the chance of them being understood amongst other mothers was favoured over those who had not experienced motherhood or parenthood.

However, some women thought their common experience of having children could actually encourage other mothers to become competitive. It is not uncommon for people who occupy the same space in a social position, say as an employee, as classmates, or even as family members, to compare performances and their perceptions of what qualifies as ‘success’. Competition was an issue the interviewees most often raised in connection to post-natal groups, where the focus was most obviously on the children. A few women did say they encountered outright hostility, such as when Chloe, 29, first went to a post-natal group, ‘I couldn’t fit their typical picture. I had purple hair and tartan trousers; they wore twin sets with pearls’.<sup>6</sup> Chloe never returned to that group of mothers, and in fact never joined another mother-baby group, saying she would, ‘rather not sit around ogling each other’s kids’. She felt that because she did not adhere

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<sup>6</sup> Whether or not this competitiveness, based on differences in appearance, can be attributed to class is difficult to assess. Chloe defined herself as ‘on the fence’ between working class and middle-class, in which she felt affinity for working-class values and her visual distinctiveness was a conscious decision, yet she also placed great importance on her literary prowess and looked forward to finishing her university course in order to eventually obtain a teaching job.

to the expected vision of what a young mother was supposed to be, her shared experience ended with the bare fact of being a mother, which was not enough to instil any sense of amity or solidarity.

However, the explicit use of the word 'competition' or depiction of hostility was rarely heard within the narratives of most interviewees, which itself mimics the form of antagonism that was expressed in the women's stories. A more covert, veiled way of comparing mothering and children emerged in the narratives. In this form of rivalry, complaints and concerns layered with 'bragging' seemed to be the most common manifestation of competition. Several women viewed these groupings as places where all they did was 'talk babies', with a negative connotation. Describing what the interaction between mothers at these post-natal groups included, some interviewees said the women would 'compare notes', 'show off their babies', and 'find ways to be perfect'. For instance, Emily, 46, originally tried coffee mornings with some of the other mothers in her neighbourhood shortly after becoming a mother. She very quickly decided they were not for her, saying:

So there was about five of us, and all they did was complain. Complained about domestic stuff, about their husbands, and about all the lengths they went to for their babies. And yet, when they were complaining they were keeping one eye on the mother next to them to see how they would react! Like they were trying to be the grumpiest, most self-sacrificing mother of all time. I quickly started hiding from them if they came knocking on my door.

According to Emily, the voicing of complaints became a forum for comparison, particularly about one's private life, making it difficult for other mothers to refute. Unsurprisingly, it was the mothers who did not seek out or enjoy post-natal groups that gave 'competition' the most space within their story. Women were depicted as striving to distinguish their ability and competence as mothers, either through their complaints or the 'achievements' of their children. Yet even many of the interviewees who addressed such competitiveness also conceded that the loosely shared aims of motherhood produced an association of fellowship.

Commonality through experience and knowledge gave rise to the use of similes of motherhood as being a club. Membership of this association, for most women, was by a way of knowing. Laura, 34, unexpectedly compared her feelings of commonality with other mothers with being a biker, 'I've been a biker before, and we all nod to each other, it's a big club, and if you're not experienced, you can't join'. Bikers, Laura explained, often think of themselves as a kind of extended family, but without any roles or hierarchies. She continued with an illustrative scenario: if she saw two strangers in a dispute where one was a biker, she would automatically side with the biker unless she or he was proven to be definitively in the wrong. 'The same goes for another mother; they get my vote, my sympathy, first'. This set of relationships can also be thought of as like a family, in which devotion, obligation or at least a sense of allegiance tends to take precedence over most other social players. Indeed, comparing mothers to an extended and ill-defined family was the metaphor Donna chose to describe her ties with other mothers.

**'you do sort of feel a kinship with other mothers'.**

When Donna, 79, used the word kinship, I argue that she was drawing from popular British notions of belonging and connections. Edwards and Strathern's (2000) examination of English idioms of possession and ownership in relation to networks of relatedness suggest that 'belonging' can be a declaration of identity and self-definition based around family, place, or community. Belonging is also the result of choosing who is connected and why. Donna and many other mothers expressed in their narratives on motherhood a propensity for feelings of identification and connectedness. The kind of social interactions between mothers often facilitated feelings of belonging, where the very fact that they were mothers could provide a point of overlap experientially. As in de Beauvoir's 'common universe', part of this sense of belonging and relatedness came from their shared stories. Emily exclaimed towards the end of our interview, 'I bet a lot of the women you talk to enjoy an excuse to go back over their pregnancies, births, and all'. That a mother needed an excuse to speak about her experiences was one reason,

perhaps, that connections seemed easier with other mothers. The shared bodily experiences, while not the same, were still recognised as having a great effect and impact. Thus, regardless of individual modes of understanding, there remained a dimension of a shared body, a shared telling, a shared knowledge.

Kinship can be established through the sharing of work, food, or shelter (Carsten and Hugh-Jones 1995; Pine 1996) and I extend this to shared stories and narratives of motherhood. In British concepts and idioms of kinship, relatedness can be formed biologically through shared substance (e.g. blood or genes), or socially by the maintenance of the relationship through interactions that can be frequent and intense. The women who voiced a connection with other mothers remarked more often on shared emotions and sentiments, which in turn helped to establish a social relatedness. This connection was not always enduring or intense, so that the 'kinship' became a more loosely defined community of social experience. All that was required in this conception of a community was the ability and willingness for a mother to tell her story, in some manner, which proved their experience, and thus, their membership.

However, not all the women I interviewed remarked on such a 'kinship' with other mothers, and some even explicitly denied that such a connection could be based on a single factor. It was in this way that my subjects seemed quite consciously to determine which connections with other mothers they would include or exclude. As a possible explanation of why mothers might have decided not to recognise or include other mothers in a notion of community of connectedness, I return to the women's frameworks of identities. If a woman had a strong web of connections and support, she may have had no need to share her stories with unfamiliar women who also happened to be mothers. Beyond this possibility, I do not have the ethnographic evidence to make any definitive theoretical suppositions. However, I suggest that perhaps much of the purposeful creation or denial of connections with other mothers was related to the individual personalities of the interviewees. This was often echoed in the narratives,



with personal characteristics sometimes being used to explain why, for some women, a shared language was not elicited by a smile or a nod.

## **Conclusion**

The meanings of motherhood in relation to the interviewees' subjective perceptions of their sense of self, their lives, and their relationships, were widely variable. Yet, across the cohorts, two conceptions of motherhood were often deployed in the women's narratives. First was the concept of 'Motherhood', with a capital 'M' in which a notion of a *rite de passage* was encapsulated. Second was the concept of motherhood with a lower case 'm', which typified the caring activities and 'nitty-gritty' work that formed daily life. These often became intertwined in statements regarding the significance and implications of having children. The latter conveyed the concrete tasks referring to social organisation and identity in a more 'everyday' construction, whereas the former referred to the idea of motherhood (Cohen 1994: 122). That there is a space between these two meanings became apparent to me even during my fieldwork. Thus, in the final minutes of our interview, 46 year old Emily asked if our conversation would be of any help to my research, seeing as she only had one child and was a single mother. Lorna, a 52 year old office assistant, began our interview dismayed because she had forgotten to tell me that two of her three children were born prematurely, and 'wouldn't that make her participation invalid?' The internalisation of the ideal images of motherhood led some women to become uncertain about their experiences, and the internalisation of ideal constructions of motherhood affected both Emily and Lorna's view of whether or not they were 'typical' mothers.

A direct distinction between the two 'modes' of mothering – 'Motherhood' and 'motherhood' – was not made explicitly by the interviewees, leaving the conceptualisations implicit but perhaps not completely unconscious. The degree to which a woman felt herself transformed by becoming a mother was linked to her expectations of motherhood and her framework of priorities – both of which were bound

up with the meanings of being a mother. The striving for some sense of continuity between the women's identity prior to becoming a mother with their self perceptions and social identity after childbearing proved to be a source of frustration, ambivalence or even pride. Throughout the discussions of changing self-perceptions, priorities and personalities, the two levels of meaning of motherhood can explain how the interviewees made sense of becoming a mother and how they related to others outwith her family. Some interviewees seemed to create a line of empathy with other mothers, even if they were unknown to them, yet for others, common ground based on being a mother was felt to be non-existent. Whether or not motherhood constituted a common experience or could produce feelings of 'relatedness' was highly variable and posed an irresolvable issue for a few interviewees.

Indeed, the changes to a woman's life, however perceived, created a frequent presence of ambivalence and contradictions regarding motherhood. The paradoxes within these life stories seemed to be either not consciously perceived, or were accepted and integrated into the women's memories and recollections. This is not to suggest that the women were not aware of any tensions held within their recollections of becoming a mother and any resulting changes, but that when, for example, within a few sentences, a woman could describe motherhood as both 'something liberating' and yet also 'like an entrapment', both were equally valid and, as evidenced in other women's narratives, part and parcel of being a mother.

Along with the ambivalence expressed in relation to changes to the individual wrought by motherhood, there was also ambivalence towards the more overarching changes to the perception of motherhood as an institution or experience. While planning the commencement of their family was the common practice amongst women in the most recent cohort, many of the older women in the immediate post-war cohort, as well as those having children in the 1960s and 1970s, did not approach pregnancy and motherhood in this manner. Thus, the smaller number of children, the delay in starting a

family, and the sometimes precise planning that was more commonplace in the 1990s and 2000s caused consternation amongst some older interviewees.

The most ubiquitous attitude amongst my interviewees, however, cutting across all boundaries of the cohorts, was the importance of having children. Regardless of how a woman envisioned her personality, identity, and connections after becoming a mother, all of the mothers resoundingly echoed the sentiment that the child came first. Both freeing and entrapping, this shift in priorities pointed to children as an unquestioning moral 'good'. Despite changing forms of the family and fertility patterns that are part of Scotland today, a common attitude amongst my informants was that, regardless of their differences in attitudes to childrearing, they all, I would argue, placed motherhood as the highest 'good', albeit in different personal contextualisation and definitions. Becoming a mother remained an articulation of Charles Taylor's 'good life' and thus, an articulation of the intertwining of selfhood and evaluative morality.



## Chapter 9.

### Conclusion

This thesis has focused on the stories about mothering and motherhood of women living in Scotland. My principal aim was to describe how the varying elements of kinship combined with expert advice, and how both interacted in the process by which women learned to mother. The chapters of this thesis are not laid out specifically in chronological order. My choices of where to draw the boundaries could be described as somewhat arbitrary, for the issues and concerns contained within the chapters usually occur and influence the mothers' childrearing simultaneously. To some extent, my choice of temporal cohorts for my interviewees and bodies of professional literature could also be viewed as somewhat arbitrary. The cohort divisions do not follow any historical periods generally agreed upon by historians but rather help to demonstrate the changes in Britain as well as the clustering of my interviewees' childrearing experiences.

The most defining characteristic of the women whose recollections, memories, and observations are described here was the period within which they experienced childrearing. While all of my interviewees were white, and over three-quarters were of the middle classes, the years in which they gave birth to their children ranged from 1946 to 2004. Of the four women who more readily identified themselves as 'somewhat working-class' or as straddling working class and middle class characteristics, two were quite adamant about the importance of a 'good education' and finding satisfying jobs and careers. Religiosity was not a prominently discussed influence with regard to childrearing either, for only two women, a mother and daughter pair, explicitly referred to their beliefs in relation to raising their children. Thus, my findings, conclusions, and points of interest very much represent an overall middle class, white, well-educated and relatively secular experience of learning to mother.

## **The nature of mothering**

The subjects of the stories collected throughout my fieldwork ranged from the so-called menial, daily tasks of feeding and bathing to the metaphysical issues concerned with the nature of maternal emotions, knowledge and personal transformations. Over the sixty years in which my interviewees had their children, we see how mothering and motherhood were affected not only by personal and familial attitudes and circumstances, but also by social, cultural and political influences. Concurrently, so too were the health and child experts affected by such influences in their opinions and methods. These elements took part in and continue to create a moral context of motherhood, shaping many of the women's expectations and views on mothering. As Davidoff et al point out, 'the family is almost always seen as the site of morality', and family and gender are inseparable from each other (1999: 5-11). Thus, notions about the 'right' way to raise children are intermingled with notions about what is female and maternal.

As demonstrated throughout this thesis but particularly in Chapters Two, Three and Seven – vis-à-vis maternal instinct, infant feeding and returning to the labour market, respectively – childrearing is an activity that remains embedded in notions of what is 'naturally' female and what are proper family forms. Despite the ever-increasing multitude of possibilities when it comes to methods, practices and approaches in childrearing, there still exists a 'right' and 'proper' way to mother. Additionally, as I discussed in Chapter Four, how a 'good' mother is defined changes through time according to the social and political context in which the woman experiences her childrearing. Indeed, the 'cultural script' — a term borrowed from Miller's (2005) examination of mothering — was something many of the mothers in this research encountered. They often both participated in its construction and struggled against its inclusive expectations. They also simultaneously internalised the 'script' to some degree. For instance, whether a mother described maternal instinct as something physically grounded or as something that developed over time through interactions, she

still expected herself to have not only a special relationship with her child, but also to possess an unrivalled knowledge about her child's need and wants.

The characteristic of 'nurturing' as a fundamental component of being a woman was a point discussed in Chapter One, and it can be seen at work through the expectations the informants had about their role as mother. I can connect ideas about gender, expectations and nurturing to the fact that throughout my fieldwork, I was surprised that fathers were not brought into the discussion more than they were. As they were primarily discussed in relation to core caring tasks and the amount of 'help' given, the frequency and parameters of the paternal participation described indicated that many women had internalised the idea that they were supposed to be the primary carers. For example, in the women's narratives about their decisions whether or not to return to the labour market there was no consideration of the father reducing his hours or in some way altering the hours of his employment in order to play a larger role in caring for the children. Similarly, discussing the themes of lifestyle and identity changes (see Chapter Eight), interviewees did not question *why* they were the ones to experience such profound changes rather than the fathers, instead commenting on their different experiences as mothers. This highlights that childrearing continues to be gendered, as expectations of mothering differ from those of fathering.

The hesitancy that some women recollected regarding verbalising their problems even to close friends or family helps to indicate the strength of expectations about 'proper mothering'. Because most of the women expected to possess some kind of 'instinct' or inclination about how to care for their children, anxiety over the possible absence of such a natural inclination for mothering also emerged from the stories. Indeed, the belief in and desire to follow a 'natural' course of care-giving – be it through breastfeeding, 'knowing' what a baby needed or wanted, staying at home for a given number of years, or simply by experiencing suitable maternal feelings – was discussed both implicitly and explicitly by my informants. 'Natural' and responsible mothering was something many women and experts considered as necessary for a well-balanced

child. Moving beyond assumptions about natural mothering could be difficult, for as Tina Miller points out in her examination of narratives by first-time mothers, ‘letting go of essentialist expectations can be tricky, striking at the very core of a woman’s sense of self’ (2005: 138). This in turn connects to one of the most repeated and distinct themes within this thesis; nearly every woman’s narrative and every facet of motherhood explored within the chapters was suffused with ambivalence.

### **Ambivalence and morality in contemporary mothering**

Ambivalence formed an underlying but central aspect of motherhood because of its connection to so many of the other themes and concepts raised by the narratives. Making sense of motherhood both to themselves and within their narratives could prove difficult for most of the women. While most mothers viewed becoming a mother as a worthwhile and life-defining experience, many also experienced emotions such as loneliness or frustration, particularly in the early months and years. The uncertainty many women experienced upon becoming a mother was usually rooted in their feelings of immense responsibility, something for which ‘no one could prepare’. The desire and pressure to consider themselves as proper or ‘good’ mothers meant that some kind of mastery borne out of confidence and experience was felt to be needed. But this process was often complicated by competing discourses – both within the professional arena and amongst family and peers – as to what was ‘right’ when it came to care-giving practices. Thus, in addition to outside demands, many mothers felt an internalised pressure. Although the older mothers did recollect feelings of great responsibility, the younger mothers spoke of an increased degree of self-imposed accountability.

One of the main contributions of this thesis is to demonstrate how the conventions of motherhood are connected to changing political and social landscapes, and I suggest that this increased sense of accountability is largely due to such changes in Britain, which in turn affect the politics of parenthood. For instance, among many other factors affecting parental authority and confidence, Jamieson and Toynbee identify the disruptive effect



of increased mobility of communities, the process of secularisation, and the growing hegemony of professional expertise in the field of childrearing and associated changes in ideas about children's needs (1990: 87). Shifts in dominant ideas as to what is considered 'good' mothering and fathering and the allocation of labour and responsibilities between mothers, fathers and the state have created different expectations and goals related to parents' role within childrearing. One example of changes taking place regarding parental roles and expectations was related to socialising discipline, as discussed in Chapter Five. Changes to the personality 'goals' were found both within the professional literature as well as within my interviewees' narratives, so that the younger mothers were much more likely to speak about a desire and duty to ensure their children were 'happy'.

Changes in the politics of parenthood encompassed changes in how parents were to relate to their children and the overall relational dynamics within the family. Many of the older mothers I interviewed expected to assert a degree of control over and receive a level of obedience from their children not often expressed by the younger mothers. 'Traditional authority', marked by a degree of social distance between most parents and their children, has given way to more individualistic and egalitarian notions of parenting and family (Jamieson and Toynbee 1990; Strathern 1992b). Indeed, although the individuality of children was a point that was only occasionally raised in the professional literature published in the immediate post-war years, it became increasingly central to expert advice by the 1970s. Similarly, in each subsequent cohort, the mothers made more references to allowing their children's individuality and personality to affect the childrearing methods implemented. This could also mean that different children within the same family might be reared in a dissimilar fashion.

In fact, it is this emphasis on the individual and choice that so permeates modern ideas of life and family which are, in some ways, creating the additional pressure remarked upon by the more recent mothers I interviewed. The rhetoric of the Thatcher governments emphasised the values of individual responsibility and self-reliance.

Strathern has argued that Thatcher's rather infamous remark that denied the existence of society in favour of individual men and women and families was one of profound moral significance (1992b: 158). If, in the late twentieth century (as well as in the beginning of the twenty-first), individuals were supposed to emerge from their home as fully socialised beings who were able to act out of internalised moral motivations, the responsibility for such socialised persons fell heavily onto the shoulders of mothers. Such liability for the raising of happy, well-behaved children who were physically, emotionally, and mentally healthy potentially required a massive amount of energy, time and devotion from women as mothers. So, implicitly, this emphasis on the mother producing socialised and content individuals also meant a woman should place this role at the apex of her life's priorities.

In Chapter Eight's discussion of personal transformations upon becoming a mother, I used Taylor's argument concerning the emergence of the modern identity in the West and its relation to notions of morality and the 'good' (1992). He argues that modern identity is strongly linked to what an individual considers to be the highest 'good', so that the individual thus orients his or her life to this priority. The shaping of family life and parenthood as a defining and critical aspect of the 'good life' as asserted by Taylor can be found in the mothers' narratives. Motherhood undoubtedly remained something the women considered as carrying great weight within their lives, but recently there are increased tensions surrounding motherhood and a woman's relationships and identity. The obligations expected of a mother to her children have not lessened, despite shifts in the pattern of parental roles over the last half of the twentieth century. Intensive mothering was something many of my interviewees expected of themselves and others, yet, as discussed in Chapter Seven, more women chose to return to work in each successive cohort, and returned sooner than their earlier counterparts. Some women in the 1960s and 1970s cohort as well as the majority of the most recent one considered paid employment and their careers to be strong 'sources of the self' in addition to motherhood.

Taylor defines identity as related to the efforts of individuals to give priority to their sources of self, with their choices usually orienting their lives towards the highest ‘good’ (1989: 63). When comparing the narratives of the women whose children were born in the 1970s, 1990s, and 2000s with those of the late 1940s, 1950s, and 1960s, we can discern more explicit references to the younger women’s lives and selves *before* motherhood, whether as a student, a wife, or an employee. Just as fewer women talked of being satisfied with confining their lives to the home, instead referring to this aspect of motherhood as lonely and isolating, more women recollected dissatisfaction at being socially identified as ‘just someone’s mother’. Wider social networks outside the family also took on a greater role in the lives of younger mothers, who discussed at length their friends and peers as sources of support and advice.

Despite the changing considerations of self throughout the cohorts, I suggest that for my interviewees, ‘Motherhood’ was the highest good, and therefore, they orientated their identity around this. Thus, their emotional investments in such a maternal identity were high. Tensions emerged between the other ‘sources of the self’ and the placement of being a mother as the highest good in their moral framework, which contributed to their ambivalence about the meanings of motherhood, the characteristics of love and affection, and their maternal knowledge. In many societies, including Britain, motherhood includes a strong moral component, and although my interviewees did not always explicitly discuss their experiences in terms of morality, their narratives help to elucidate individuals’ engagement with such discourses and expectations, as I demonstrated in Chapters Four and Five.

The moral framework that places children at the apex of ‘goods’ is still in place for my informants despite the changing social and political landscapes, while the framework within which parenting practices and values, as well as the parent-child relationship, are experienced is shifting. For many of the women, their conceptualisations and decisions about care were based on a value system in which nurturing was prominent. The growing emphasis on parents having an egalitarian-style or ‘good’ relationship with their

child, however, is paired with the issue that the moral sanction of parental authority and control has been somewhat lessened. This in turn clashes with the ever-increasing expectations of mothers regarding the socialisation of their children and their preparation to be a future citizen, in which some sort of control must be used. Many of the mothers I interviewed expressed feelings of frustration and ambivalence over how they were to reconcile these rather disparate moral goals. Many informants felt it was becoming more difficult for them to achieve all that a 'good' mother should, particularly while pursuing their own interests and retaining their own identities, despite continuing to give their children absolute priority. A direction for future research in which to expand this thesis would be to explore the anthropology of motherhood in a wider cultural scope in order to problematise and compare ideas of identity in relation to mothering.

Tensions over the organisation of their lives, both in its minutiae and in the precedence given to main concerns, grew as fewer women identified themselves solely or primarily as mothers. This did not, however, lessen the importance of being a mother in these women's lives or reduce their overall enjoyment of their children. As discussed in Chapter Eight, many narratives can be seen to contain two conceptions of 'motherhood', which I differentiated by using 'm' to denote the practical, daily caring activities that contribute to a social identity, and 'M' to refer to the larger, more abstract ideas relating to mothering (Cohen 1994: 122). According to my interviewees, 'Motherhood's' relevance to adulthood and femininity, and as a physical articulation of the bond between two people who have come together to begin a family, has changed little over the years. But many of the methods, practices, and approaches involved within 'motherhood' have altered and multiplied, so that mothers now find themselves sifting through volumes of suggestions and bits of advice regarding how best to rear their children.

## **The complexities of childrearing**

According to Jamieson and Toynbee, there is ample evidence of the ‘activities of professionals of many kinds involved in directing or influencing parental activity’ However, the ‘impact on ordinary parents, either in the earlier decades of this century or in the more recent times’ was something Jamieson and Toynbee viewed as little researched (1990: 107). One contribution this thesis makes is to a greater understanding of how people experience the professionalisation of daily life on a personal and familial level. It has been suggested that many health and social service providers in Britain conflate a lack of economic resources with a need for education in parenting skills (i.e. Edwards 1995). Yet, most of my interviewees, almost wholly located in the middle classes economically, were also often ‘instructed’ in matters of childcare by their midwives, health visitors, general practitioners as well as by more removed sources from magazines and books.

The scientisation of daily life was not a theme the women spoke about explicitly, and few women completely disregarded the knowledge or legitimacy of health professionals. However, there were many references and anecdotes relating to how the women engaged with the professional material and authoritative advice. A rather common sentiment running through many of the narratives was irritation and anxiety at the amount of time and energy expected of them in their childrearing practices as dictated by the professional materials. Such anxiety lead some interviewees to either feel a sense of failure at not being able to do everything suggested, or to express a sense of resentment at how much energy they were expending by using prescribed methods, such as demand feeding as discussed in Chapter Three.

Despite the pressure to conform and perform according to expert opinion, many interviewees found some kind of reassurance through the advice manuals they read. For instance, Alison, 74, remembered using Truby King’s manual with her first child. His strict ‘scientific’ routine that required a mother to be very exact was described by Alison

as 'a bit over-the-top, but helpful since I didn't know'. Similarly, when Catherine's daughter was born in 1970, she 'read Spock cover to cover' because she felt unprepared. It seems that particularly when many mothers had their first child with no prior experience in childrearing, they found it comforting to read through an experts' version of how a baby should be cared for, whether or not they continued following the advice with subsequent children. As 29 year old Chloe stated about her Miriam Stoppard manual, reading about methods to employ and suggestions about possible reasons behind a baby's actions gave her more confidence. However, other women, such as Sarah, 34, found themselves becoming 'obsessed' with what their child was supposed to be doing developmentally, questioning 'why aren't they doing this' frequently. It was the very strict and rigid texts, like Gina Ford's manual, that caused the most upset for mothers, as they often felt 'torn' between following the routines and comforting their child. Contradictory notions about how helpful they found childrearing manuals were expressed frequently enough to suggest that professional publications occupied an ambivalent space in the process of expounding childrearing methods. Indeed, exploring how people engage directly with such professional texts is a theme for further enquiry, where a greater focus on how individuals both comply and resist authoritative rhetoric, would add another facet to this research.

One of the most implicit but common ways in which women seemed to comment on the professionalisation of motherhood was by remarking on the complexity of advice, and how 'sometimes, you can get too much information from too many sources'. By the 1990s, there was a firmly-established plurality of childrearing methods that many of the younger women encountered. However, the proliferation of numerous methods actually functioned as a means of locating any long-term difficulties or problems as a failure on the mothers' part to employ the proper practices. Unlike their own mothers, who bore their children between 20 and 30-plus years before, they felt they had to ensure consideration of their child's point of view, and had to attempt to discuss the rationale underpinning their chosen practices in an egalitarian fashion.

By focusing on the two meanings of motherhood, we can begin to see more subtle intricacies involved in the tensions of motherhood. When considering the interactions between the meanings of motherhood, the flexibility in more 'permissive' childrearing methods placed a greater burden of interpretation on the mother. 'Motherhood' included an understanding and appreciation of children, in which maternal knowledge meant a woman would know how to relate and care for children. By nurturing desirable characteristics a mother made successful future relationships and social interactions more certain. But the 'motherhood' activities in which a mother was expected to know how to cope with *her* children, whether or not she or they were tired, ill, or hungry were more difficult. She was to understand their motivation for disobeying her repeated requests, and was to adjust and personalise her methods to suit her childrens' personalities so that harmony and happiness could be experienced that hour, that day, and that week. The incongruence between these conceptions, although more immediate and vocalised among the younger mothers, was intimated by mothers of all ages.

Another gap involving these conceptions could appear when a mother attempted to forge continuity between her own experiences of growing up and how she herself was raised with her own methods of childrearing. When the interviewees spoke of drawing upon their own background, they were often referring to more abstract, general approaches to childrearing, as they wanted to instil similar values and attitudes in their children to those previously imparted to them by their own parents. Marilyn Strathern has noted the 'downward flow of life' in English kinship, in which a temporal sequencing of generations is imagined, and this can also be applied to the interviewees living in Scotland (1992b: 62). Aspects of 'Motherhood' – as well as parenting – were commonly intertwined with the passing of character, skills, and values, so that continuity of kinship was also closely linked to mothering practices. While forms changed – sometimes rapidly – the ideas endured, for, whatever the chosen practice, it was ultimately for the 'good' of the child.

## **The importance of family**

One of the predominant arguments running throughout this thesis is that one cannot examine childrearing without taking seriously into account the issue of 'family'. While family forms differ and the relationships between members are unpredictable, even the absence of family reveals some of the underlying complexities of parenting and childrearing. This thesis helps to reveal how experiential differences between generations can be played out and interpreted, and the effects such differences have on practices and perceptions of relationships. The women in my research all lived within a relatively close distance to their mothers/daughters with both agreeing to be a part of my research, and this undoubtedly impacted on their conceptions about the importance and role of family in childrearing. This thesis adds depth to inter-generational studies by showing the ways in which the history of familial interactions participate in and help create the present and future relationships between the generations, especially when looking at the values and practices involved in childrearing.

This use of different forms of childrearing methods could produce a gap between the generations within a family. Yet, among the mothers I interviewed, this 'distance' thrown up by difference was expected, if not always accepted. The gradual shift to a more child-centred approach that occurred over the period covered in this thesis was something nearly all the interviewees commented on or discussed in the context of their mothering style and discipline. The older generation of mothers might also describe themselves as more 'lenient' than their own mothers, who were only narrative figures in their stories. Difference was often assumed and anticipated, as I highlighted through a focus on the three generations in Chapter Six. Many of the younger mothers used this presumption to excuse and absolve any discrepancies between how they were raised, what their own mothers often expected, and the methods which they chose to employ. Alternatively, many of the older women, whose children were born approximately between the late 1940s and the early 1960s, connected this assumption with overall changes in childrearing and society with which they sometimes did not agree.



That parenting was more complex 'nowadays' was something both the older and younger mothers did agree upon, regardless of their preferences and views. Harriet, 74, referred to the immediate post-wars in which she raised her children as 'much gentler' and said that she felt that there were not 'all the problems and experts of now'. It is likely she was drawing some sort of connection between the increased choices and possibilities of modern life with the increased pressures of childrearing. The varied sources of information relating to mothering and childrearing, many of which were from professional 'experts', were usually named by the mothers as the primary reason for complications in decision-making. Anthropologists such as Strathern have discussed connections between the popular English conceptualisation of contemporary society as 'complex' and the perception of the diminishing importance of kinship over the generations (1992).

In the case of my informants, familial support and kin relationships have not become less important in 'modern' life. The content and expectations of family interactions and obligations have simply changed, from being (arguably) more practical to more emotional in nature. Additionally, past familial relationships continued to have an impact on the childrearing of subsequent generations, again emphasising that family and childrearing are not separable. Throughout my fieldwork and the writing of this thesis, many people I have met and discussed my research with have assumed that in the 'past', women learned their mothering practices from their family and that 'today' it was the experts to whom women turned for answers. The situation that emerged from my interviews was not nearly so clear-cut. Many of the older mothers did not particularly rely on their mothers or mothers-in-law for examples and advice, and because of a lack of mass-produced reading material, primarily followed the advice of their general practitioners, health visitors, and paediatricians. Conversely, the absolute multiplicity of sources of guidance for mothers today seems to have led many of the younger mothers to turn to their family for support, particularly emotionally, in order to gain confidence in their choices. While some of the younger mothers wondered how advice and

practices used by their mothers '30-odd years ago' could be relevant to them, none of the mothers seemed to doubt the relevance of family in the endeavour of raising their children.

Applying Edwards and Strathern's (2000) examination of English kinship notions of belonging and relatedness, we can determine through the narratives of the interviewees that children 'belonged' to the parents through both biological and social means. This is most easily demonstrated in the discussions about maternal instinct and socialising discipline. Despite the difficulties some interviewees described in connecting the perceived biological belonging to the social – for example, when a woman felt her maternal instinct was absent or lacking – ultimately every interviewee articulated an intense relationship founded on both the fact of 'flesh and bone' and the knowledge gained through frequent and intense interactions. What also became evident was that for my informants, the mother-child relationship took precedence over other familial relationships. Some of the women felt it necessary to limit or sever ties with their own mothers or mothers-in-law at some stage because of an over-stepping of their role. I demonstrated this in Chapter Six with the story of Catherine, who limited the connection of her own mother because of interference.

Many of my informants employed a system of limiting the participation of family members in the endeavour of childrearing (cf. Edwards and Strathern 2000). Yet this did not render family as extraneous, and the experiences of interviewees' own mothers as well as other family members did validate the emotional support offered by those kin. Understanding and empathy, while perhaps not actual 'guides' to childrearing, were often reflected upon as significant. Even if the older generation could not provide the practical help and suggestions they wanted, the mother-daughter relationship continued to give guidance in a less concrete, more emotional manner. Although family may not be geographically 'close' due to modern mobility, the dynamics of family remain crucial to motherhood. Whether a connection was considered 'close' or not often depended on the ways in which past interactions were interpreted, a situation in which the social

interactions could overshadow the biological relatedness. I demonstrated in Chapter Six that, as William Faulkner so elegantly put it, ‘the past is never dead. It’s not even past’ (1951). The ripples of familial relationships, while perhaps located in the past, continued to impact upon a woman’s mothering, such as with the mothers of the oldest generation whose shadow continuously crept into the stories as references, disclaimers and explanations. It is for this reason that, despite the changes taking place in mothering practices and childrearing, and regardless of the tensions produced by these changes, both internally within each mother and externally amongst family, the mothers strove for some semblance of continuity between the generations.

## **Appendix I.**

### **The Interviewees**

#### **Cohort One: 1945-1960.**

Judith – 84 years old at the time of the interview. Prior to marriage, she was a war-time volunteer children's nurse. She had three children, born in 1946, 1949 and 1954. She is mother to Bonnie in Cohort Two.

Allison – 74 years old at the time of the interview. She and husband owned and ran a shareholding farm. She had five children, born in 1953, 1956, 1959, 1962 and 1967. She is mother to Sarah in Cohort Three.

Jean – 76 years old at the time of the interview. Prior to marriage, she was a civil servant. She had two children, born in 1957 and 1960. She is mother to Rachel in Cohort Three.

Harriet – 75 years old at the time of the interview. She never engaged in paid employment. She had two children, born in 1953 and 1957. She is mother to Kate in Cohort Three.

Donna – 76 years old at the time of the interview. Prior to marriage, she worked as a store clerk. She had two children, born in 1958 and 1962. She is mother to Margaret in Cohort Three.

Mairi – 65 years old at the time of the interview. Throughout adult life, she worked as both a store clerk and as a server, usually part-time. She had three children, born in 1959, 1962 and 1971. She is mother to Dorothy in Cohort Three.

#### **Cohort Two: 1961-1980**

Ellen – 63 years old at the time of the interview. She was a primary school teacher until her retirement. She had two children, born in 1969 and 1972. She is mother to Sharon in Cohort Two.

Catherine – 63 years old at the time of the interview. She was a secretary and research assistant until retirement. She had one child, born in 1970. She is mother to Laura in Cohort Three.

Effie – 64 years old at the time of the interview. Prior to marriage, she was a secretary, and later served as a breastfeeding counselor with the National Childbirth Trust. She had four children, born in 1961, 1963, 1966 and 1970. She is mother to Sally in Cohort Three.

Rebecca – 58 years old at the time of the interview. She worked as a secretary until retirement. She had two children, born in 1969 and 1972. She is mother to Liz in Cohort Three.

Gillian – 46 years old at the time of our interview. She worked in a public relations position. She had three children, born in 1977, 1979 and 1988. She is mother to Grace in Cohort Three.

Bonnie – 54 years old at the time of our interview. She was a secondary school teacher until her retirement. She had three children, born in 1973, 1979 and 1982. She is daughter to Judith in Cohort One.

Lorna – 52 years old at the time of our interview. She was a secretary and assistant in a marketing firm. She had three children, born in 1974, 1977 and 1985.

Charlotte – 53 years old at the time of our interview. She was a primary school teacher until retirement. She had two children, born in 1972 and 1975. She is mother to Eileen in Cohort Three.

Fiona – 54 years old at the time of our interview. She was specialized nurse. She had three children, born in 1973, 1975 and 1978. She is mother to Julie in Cohort Three.

Emily – 46 years old at the time of our interview. She worked as a communications advisor. She had one child, born in 1979. She is mother to Amanda in Cohort Three.

### **Cohort Three: 1990-2004**

Kate – 50 years old at the time of our interview. She worked in real estate. She had one child, born in 1991. She is daughter to Harriet in Cohort One.

Rachel – 43 years old at the time of our interview. She worked as a college instructor. She had two children, born in 1990 and 1992. She is daughter to Jean in Cohort One.

Laura – 34 years old at the time of our interview. Prior to pregnancy, she worked in a solicitor's office. She had one child, born in 2003. She is daughter to Catherine in Cohort Two.

Sally – 33 years old at the time of our interview. She worked as a solicitor. She had one child, born in 2003. She is daughter to Effie in Cohort Two.

Sharon – 29 years old at the time of our interview. Prior to pregnancy, she worked as a store assistant. She has one child, born in 1999. She is daughter to Ellen in Cohort Two.

Sarah – 34 years old at the time of our interview. She worked as a sports consultant. She had two children, born in 2000 and 2002. She is daughter to Allison in Cohort One.

Liz – 34 years old at the time of our interview. She worked as a hospital nurse. She had one child, born in 2003. She is daughter of Rebecca in Cohort Two.

Eileen – 31 years old at the time of our interview. She trained as an accountant, but did not work due to ill health. She had two children, born in 1997 and 1999. She is daughter to Charlotte in Cohort Two.

Elspeth – 32 years old at the time of our interview. She worked with a financial institution. She had one child, born in 1998. Her mother could not participate.

Margaret – 38 years old at the time of our interview. She worked in publishing. She had one child, born in 2002. She is daughter to Donna in Cohort Three.

Julia – 30 years old at the time of our interview. She worked as a primary school teacher. She had one child, born in 2004. She is daughter to Fiona in Cohort Two.

Grace – 23 years old at the time of our interview. Prior to pregnancy, she worked as a local historian. She had one child, born in 2003. She is daughter to Gillian in Cohort Two.

Amanda – 24 years old at the time of our interview. She was studying for a post-secondary school degree and part-time catering worker. She had one child, born in 2003. She is daughter to Emily in Cohort Two.

Chloe – 30 years old at the time of our interview. She was studying for a post-secondary school degree. She had one child, born in 1997. She is daughter of Lorna in Cohort Two.

Dorothy – 33 years old at the time of our interview. She worked in catering. She had one child, born in 1999. She is daughter to Mairi in Cohort One.

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